05/023/01/ TN 12

POMS

PROGRAM OPERATIONS MANUAL SYSTEM
Part 05
Supplemental Security Income

CHAPTER 023

Post Eligibility Events

SUBCHAPTER 01

Social Security Administration Policy on Suspending, Terminating and Reestablishing Eligibility for Title XVI Payments

This consolidation incorporates all transmittals through TN 12.

U.S. Department of
Health and Human Services
Social Security Administration
Office of Policy
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HE 3.6/5:

Check List of POMS Transmittals Received

TN	Date	Initial	TN	Date	Initial	TN	Date	Initial	TN	Date	Initial
1.			37.			73.			109.		
2.			38.			74.			110.		
3.			39.			75.			111.		
4.			40.			76.			112.		
5.			41.			77.			113.		
6.			42.			78.			114.		
7.			43.			79.			115.		
8.			44.			80.			116.		
9.			45.			81.			117.		
10.			46.			82.			118.		
11.			47.			83.			119.		
12.			48.			84.			120.		
13.			49.			85.			121.		
14.			50.			86.			122.		
15.			51.			87.			123.		
16.			52.			88.			124.		
17.			53.			89.			125.		
18.			54.			90.			126.		
19.			55.			91.			127.		
20.			56.			92.			128.		
21.			57.			93.			129.		
22.			58.			94.			130.		
23.			59.			95.			131.		
24.			60.			96.			132.		
25.			61.			97.			133.		
26.			62.			98.			134.		
27.			63.			99.			135.		
28.			64.			100.			136.		
29.			65.			101.			137.		
30.			66.			102.			138.		
31.			67.			103.			139.		
32.			68.			104.			140.		
33.			69.			105.			141.		
34.			70.			106.			142.		
35.			71.			107.			143.		
36.			72.			108.			144.		

Check List of POMS Transmittals Received

TN	Date	Initial	TN	Date	Initial	TN	Date	Initial	TN	Date	Initial
145.			181			217			253		
146.			182			218.			254		
147.			183			219			255		
148.			184			220			256		
149.			185			221			257		
150.			186.			222			258		
151.			187			223			259		
152.			188			224			260		
153.			189			225.			261		
154.			190			226.			262		
155.			191			227			263		
156.			192			228			264		
157.			193			229			265		
158.			194			230			266		
159.			195			231			267		
160.			196.			232			268		
161.			197.			233			269		
162.			198			234			270		
163.			199			235			271		
164.			200			236.			272		
165.			201			237.			273		
166.			202			238.			274		
167.			203.			239.			275		
168.			204.			240.			276.		
169.			205			241.			277.		
170.			206.			242.			278.		
171.			207			243.			279.		
172.			208.			244.			280.		
173.			209.			245.			281.		
174.			210.			246.			282.		
175.			211.			247.			283.		
176.			212.			248.			284.		
177.			213.			249.			285.		
178.			214.			250.			286.		
179.			215.			251.			287.		
180.			216.			252.			288.		

SI 02300.000 Posteligibility Events

	Subchapter
Social Security Administration Policy on suspending, Terminating, and Reestablishing Eligibility for Title XVI Payments	SI 02301.000
Continuing Benefits and Recipent Status Under Sections 1619(a) and 1619(b) for Individuals Who Work	SI02302.000
Redeterminations of Eligibility and/or Payment Amount	SI02305.000

Chapter SI 023—Posteligibility Events

Subchapter 01—Social Security Administration Policy on Suspending, Terminating, and Reestablishing Eligibility for Title XVI Payments

Claims Manual (CM) Reference	*POMS Reference*
13300	SI 02301.001
13304	SI 02301.005
13305	SI 02301.275
13305.1	SI 02301.305
13305.2	SI 02301.310
13306	SI 02301.300
13310	SI 02301.200
13311	SI 02301.205
13312	SI 02301.210
13313	SI 02301.215
13314	SI 02301.220
13315	SI 02301.225
13316	SI 02301.230
13317	SI 02301.235
13318	SI 02301.240
13319	SI 02301.245
13320	SI 02301.250
13321	SI 02301.255
13322	SI 02301.260
13323	SI 02301.265
13324	SI 02301.270
13327, E13327	SI 02301.400
E13327.1	SI 02301.405
13328	SI 02301.500
13328.1	SI 02301.505
13328.2	SI 02301.510
13328.3	SI 02301.515
13328.4	SI 02301.520
13328.5	SI 02301.525
13330	Deleted
13331	SI 02301.600
13332	SI 02301.605
13333	SI 02301.610
T13333	SI 02301.605
E13334	SI 02301.635
E13334.1	Deleted
13335	SI 02301.620
13335(b)	SI 02301.625
13335(c)	SI 02301.630
13336	SI 02301.625
13337	SI 02301.630
13338	SI 02301.625
13339	SI 02301.620
13340	Deleted
13341	SI 02301.640
13342	SI 02301.645
13343	SI 02301.600
13344	SI 02301.615
13345-Exhibit 1, 1(a), 1(b)	SI 02301.630
13345-Exhibit 2	SI 02301.625

02301.000 Social Security Administration Policy on Suspending, Terminating, and Reestablishing Eligibility for Title XVI Payments

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Social Security Administration Policy on Suspending, Terminating, and Reestablishing Eligibility To Title XVI Payments

NOTE: *The audience for this entire subchapter is the same: DO/BO/TSC: CR, CRT XVI, DC, DRT, FR, OA, OS, RR, SR, TSC-SR; PSC: CRTA, IES, RECONR; ODO: CA, CATA, RECONR; DIO: CATA, FDE, RECONE, RECONR*

Act-Sections 1102, 1611-1615 and 1631

Regulations No. 16—Section 416.1321-416.1338

Ruling—SSR-78-25

General

02301.001 Objective—Prompt and Accurate Title XVI Payments

The Social Security Administration (SSA) has dual objectives of prompt and accurate issuance of title XVI payments. By definition, individuals receiving title XVI payments are at a critical financial level and are dependent on these payments for the basic necessities of life. Recognizing this, SSA's goal is to insure that supplemental security income (SSI) checks are received every month when they are expected and that both the initial payment of claims and the reinstatement of payments are accomplished as promptly and accurately as possible.

Also implicit in the goal of prompt and accurate payments is insuring that when the recipient no longer meets the eligibility requirements of the law, payments are stopped at the correct time. In meeting this goal, however, care must be taken to protect the recipient's right to "due process" by taking action to stop payments only when authorized by the provisions of the law, and by notifying the recipient in writing of the determination made and of the resulting planned action prior to taking the action. The advance notice of planned action must include the basis for that action and of his/her right to appeal the determination.

To achieve its goal, SSA relies to a great degree on the recipient or his/her representative payee reporting timely any change in circumstances which may affect either the amount of the payment or the continuation of eligibility for payments. For this reason, when a claimant establishes eligibility, be certain that the person responsible for reporting understands his/her responsibility and the events which must be reported (SI 02301.400). Emphasize that reporting should be prompt, since failure to report timely generally works to the recipient's disadvantage. For example, a delay in reporting may result in an overpayment requiring repayment (GN 02260.010C). On the other hand, a delay may also cause a loss of payment because of the penalty provision SI 02301.500-02301.525).

Although we urge the recipient (and his/her representative payee) to promptly report any change which may affect eligibility or payment amount, we do not encourage the recipient to evaluate for himself/herself the effect that the change in circumstances may have on his/her payments. Because the conditions for eligibility and the factors affecting payment amount are numerous and complex, it is to the individual's advantage to report any change, no matter how minor it may seem involving any of the reporting events listed in the booklet, "What You Have to Know About SSI," (SSA-05-11011).

Voluntary reporting is not the only means by which SSA will learn of a change in circumstances affecting eligibility and payment amount. The scheduled redetermination (SI 02305.010-02305.046) serves as a backup to voluntary reporting, as does the interface of the supplemental security record (SSR) with such internal records as the master beneficiary record (MBR) and the summary earnings record (SER).

Also, for many of the changes which will affect only the eligibility and payment amount of the blind or disabled recipient, the appropriate State agency is a more likely source of such information.

The following sections summarize those events which require suspension, termination, or stop payment. Consult the various instructions which contain detailed information about income (SI 00810.001 ff. and SI 00850.001), resources (SI 01110.001 ff.), eligibility (SI 00501.001 ff.), and continuing disability (DI 00504.001 ff.) for the definition of terms and specific development guidelines.

02301.005 Summary of Title XVI Suspension, Termination, and Stop Payment Events

A. Termination and Suspension

Title XVI eligibility, once established, continues until it is determined that a recipient's eligibility should be suspended or terminated for any or the following reasons.

1. **EVENTS WHICH TERMINATE ELIGIBILITY**

   a. Death of the recipient (Payment status code) (PSC T01) (SI 02301.200)

   b. Cessation of blindness (PSC N08) or disability (PSC N07) (the third month after the month in which Disability or Blindness ceased) (SI 02301.245)

   c. Termination at the request of the recipient (voluntary termination) PSC N19) (SI 02301.265)

   d. Termination after suspension for 12 consecutive calendar months (PSC T31) (SI 02301.270)

      NOTE: *Any other Determination of the title XVI ineligibility will result in suspension of eligibility. However, if eligibility was not, in fact, established (e.g., upon initial applicaiton, SSI payments were conditioned upon disposal of specified resources which exceeded the allowed amount and the claimant has not complied with the agreed-upon conditions), the SSI applicaiton*

should be denied even though payment has been made.

2. EVENTS WHICH SUSPEND ELIGIBILITY

a. Income in excess of the permitted amount (PSC N01) (SI 02301.205)

b. Resources in excess of the permitted amount (PSC N04) (SI 02301.210)

c. Absence from the United States (PSC N03) (SI 02301.215-SI 02301.225)

d. Loss of United States citizenship, residence or lawful alien Status (PSC N13) (SI 02301.225-SI 02301.230)

e. Resident of a public institution (PSC N02) (SI 02301.235)

f. Failure to apply for and, if eligibile, obtain other benefits (PSC N06) (SI 02301.240)

g. Refusal to accept vocational rehabilitation services (PSC N09) (SI 02301.250)

h. Failure to accept treatment for drug addiction (PSC N10) or alcoholism (PSC N11) (SI 02301.255)

i. Failure to confirm eligibility (PSC N20) (SI 02301.260)

j. Whereabouts unknown (PSC S06) (SI 02301.261)

E Stop Payment

There are two determinaitons that result in stop payment even though the recipient meets the eligibility requirements.

1. Lack of representative payee (PSC S08) (SI 02301.275.B)
2. Eligible but due no payment (PSC E01) (SI 02301.275.C)

C. Effect of Events on Eligibility/Payment Amount

Not all of the changes in circumstances which a recipient is required to report have been listed. This is because certain events do not directly impact on eligibility as the listed events. For example, school attendance in itself does not directly affect eligibility but is material only as it relates to the determination of the amount of payment for which a recipient under age 22 is eligible. However, school attendance also may affect a determination of living arrangements and/or the figuring of countable income and, as such, can directly affect the recipient's eligibility. Only those events which in themselves would require a termination or suspension of eligibility are discussed in SI 02301.200-SI 02301.270. Moreover, the two events resulting in stip payment, even though the recipient meets the eligibility requirements, are discussed in SI 02301.275.

D. Due Process Requirements

A suspension, termination or stop payment action (except for death of the recipient when SSA has information confirming that death, whereabouts unknown, or lack of representative payee) will not be taken until the recipient has been notified in writing of the determinaiton and given an opportunity to appeal (SI 02301.601).

Title XVI Suspension, Termination, and Stop Payment Events

02301.200 Death

Death of a recipient results in termination of eligibility for payment (PSC T01) effective with the month following the month of death. Since SSI and federally administered State supplementation payments generally are due on the first day of a month as payment for that month, it is expected that in most cases a recipient will have had the opportunity to negotiate the check issued for the month of death. (See SI 02301.315 for reinstating benefits.)

If one member of an eligible couple dies, the surviving spouse assumes the status of an eligible individual effective with the month after the month of death, and eligibility and payment amount are redetermined accordingly. SeeSI 02301.601.C.1. about advance notice to the surviving spouse. In other than an eligible couple situation, the recipient's eligibility for, and amount of, payment also will be redetermined because of the death of:

A. An essential person;

B. Alien's sponsor (or living-with spouse of sponsor);

C. Spouse or parent whose income is being deemed to the recipient; or

D. Child to whom income is allocated.

Upon notification of a recipient's death, obtain an SSI4 query (SM 01601.175). Check the overpayment and resource data fields to determine if an overpayment exists and if recovery of the overpayment is possible from an estate. Take the appropriate overpayment action (see GN 02220.120-02220.125).

NOTE: *Termination due to death is an initial determination that does not require a notice (SI 02301.601.C.1). If it is discovered that an erroneous death termination action was taken, the rules of administrative finality would apply (GN 04070.195). However, if reopening is prohibited (i.e., more than 2 years have elapsed since the erroneous death termination action), see GN 03102.075 about filing an untimely (but with good cause) request for reconsideration. Also, conduct an unscheduled redetermination before reinstating payment unless the recipient has been in nonpay status less than 31 days (SI 02305.090).*

050

02301.205 Income

A. Prior to April 1, 1982

1. ELIGIBILITY ESTABLISHED FOR ALL MONTHS OF THE QUARTER

For periods before April 1, 1982, income (earned and unearned) is counted as of the first month in the quarter in which it is received, regardless of when in the quarter tne income was received. When a change in income is reported, the quarterly payment is refigured, after applying any available income exclusions (SI 00840.001 ff.) to the income received in the quarter, and eligibility is redetermined effective with the first month of that quarter. If the countable income exceeds the quarterly standard payment for any quarter, suspension of eligibility (PSC N01) is effective for the entire quarter. Once eligibility has been suspended (but

not terminated) because of excess countable income, it may be reestablished for any quarter in which the countable income for the quarter is less than the quarterly standard payment amount for that quarter.

2. ELIGIBILITY ESTABLISHED EFFECTIVE WITH THE SECOND OR THIRD MONTH OF A QUARTER

When a monthly determination applies (see SI 02002.001), income (earned and unearned) for that period will not be counted as of the first month of the quarter in which it is received, but will be counted as of the month in which it is actually received. In such situations, a suspension of eligibility or an adjustment of the payment amount is effective with the month in which the income is received.

B. Effective April 1, 1982

Beginning April 1, 1982, for eligibility purposes, income (earned and unearned) is counted as of the month in which it is received except for:

1. Some self-employment situations (see SI 00820.220);
2. Excess advance earned income tax credits (see SI 00820.400.D.); and
3. Retroactive RSDI benefits due in an SSI offset period (see SI E00830.020).

When a change in income is reported, apply any available income exclusions to the income received in the month. (See SI 02302.001 ff. regarding continuing disability payments and recipient status under section 1619(a) and (b) of the Social Security Act for individuals who work; SI 00870.001 ff. concerning plans for achieving self-support (PASS) for blind and disabled recipients; and SI 00840.001 ff. pertaining to exclusion of income in determining SSI eligibility and payment amount, including earned income and work expenses exclusions.) Redetermine eligibility effective with the month in which the income is received. Refigure the appropriate monthly payment amount for the computation month which the income affects. If the countable income exceeds the Federal benefit rate (FBR) and is equal to or greater than the combined payment level (Federal/State), suspend eligibility due to excess income effective that month. Once eligibility has been suspended (but not terminated) because of excess countable income, it may be reestablished for any month in which the countable income for the month:

a. Equals or is less than the FBR; or
b. Exceeds the FBR but is less than the combined (Federal/State) payment level.

NOTE: *If the Federal living arrangement (LA) is "D" (title XIX institution) and no payment is due, but the countable income does not exceed the FBR for a Federal LA of "A" (own household), the recipient is in a special payment status (code E01) and not in suspense (see SI 02301.275). Likewise, when status as an eligible couple terminates, one member might be currently eligible with no benefits payable due to the retrospective income.*

02301.210 Resources

A. Prior to April 1, 1982

1. ELIGIBILITY ESTABLISHED FOR ALL MONTHS OF THE QUARTER

For periods before April 1, 1982, a suspension of eligibility due to excess resources (PSC N04) is effective with the first month of any quarter in which the value of countable resources (SI 01150.001) exceeds the limit (SI 01110.001) on the first day of that quarter. Payments will be stopped except when there is an agreement to dispose of the excess resources (SI 01120.305 and SI 01130.100 ff.). An individual or couple can reestablish eligibility beginning with the month countable resources are within limitation, regardless of whether or not it is the same month in which the individual or couple became ineligible (see SI 01150.005).

The determination with respect to the amount of resources made for the first day of a calendar quarter is a determination for eligibility purposes with respect to the amount of resources existing for the entire quarter. Thus, an increase in value of resources or the receipt of resources after the first day of a quarter would not cause ineligibility for that quarter and/or would not in itself cause ineligibility effective with the first month of the following quarter if on the first day of the following quarter the value of the resources is again within the prescribed limit. (NOTE: For SSI applications filed the first month of a quarter, the initial resource determination is made as of the day of filing, not the first day of the quarter. If an individual or couple is within the resource limit on the day of filing, eligibility based on resources exists for the entire quarter.) See SI 01110.020 for instructions ondistinguishing between income and resources and SI 01120.305 on continuing eligibility based on resources.

Example:

A recipient's countable resources do not exceed the allowable limit as of October 1, 1981. Subsequent to October 1, 1981, the value of the recipient's stock increased the value of his countable resources to more than $1,500, but on or before December 31, 1981, the value of the stocks declined to a point that the recipient's countable resources were again within the allowable resource limits. Thus, there is no change in SSI eligibility because of countable resources for either the October-December 1981 or January-March 1982 quarters.

2. ELIGIBILITY ESTABLISHED EFFECTIVE WITH THE SECOND OR THIRD MONTH OF A QUARTER

When a monthly determination applies (see SI 02002.001), eligibility based on resources is determined on a monthly rather than a quarterly basis. If an individual or couple is within the resource limit on the day of filing, eligibility based on resources exists for the entire month. A suspension of eligibility due to excess countable resources is in order for the following month only if the individual has excess countable resources on the first day of the following month. For example, if eligibility is established for an individual who filed on February 15, 1982, he would be eligible for March 1982 unless countable resources exceeded the limit on March 1.

B. Effective April 1, 1982

Beginning April 1, 1982, the value of countable resources (see SI E01150.005) is determined the first moment of the first day of each month. Use the value of countable resources as of the first day of the month to determine eligibility with respect to the amount of resources existing for the entire month. If the countable resources as of the first day of the month exceed the limit(SI 01110.001), suspend eligibility due to excess resources effective that month. Payments will be stopped except where there is an agreement to dispose of excess resources (SI 01120.305 and SI 01130.100 ff.). Changes in the value of countable resources during a month do not affect eligibility or ineligibility for that month. Eligibility may be reestablished beginning with the month in which countable resources are within the applicable limits as of the first moment of the first day of that month. See SI 01110.020 for instructions on distinguishing between income and resources and SI 01120.305 on continuing eligibility based on resources.

NOTE: *When SSI payments are stopped for failure to comply with an agreement to dispose of excess resources, advance notice is not required. Suppress the system-generated notice. Send the individual a manually prepared SSA-L8166-U2 (SSI Information Notice). Because these SSI payments are conditional, the individual is not given the right to the Goldberg/Kelly payment continuation described in SI 02301.601 ff. (See SI 01130.100.)*

02301.215 Absence From the United States

A. General

There are two issues to consider regarding this subject:

1. SUSPENSION OF ELIGIBILITY

The period the recipient is outside the United States, as described in B. below; and

2. REINSTATEMENT OF ELIGIBILITY

The period the recipient is present in the United States upon his/her return, as described in C. below.

In any determination concerning absence from the United States, the dates of departure and return must be established, and the 30-day rules described in B. and C. below applied.

B. Suspending Eligibility

A recipient's eligibility will be suspended beginning with the first full calendar month in which he/she is outside the United States. ("Outside the United States" means outside the 50 States, the District of Columbia, and the Northern Mariana Islands (see GN 00303.120).)

NOTE: *There is an exception to this "Outside the United States" rule: recipients who are receiving current State assistance payments while in nursing homes in bordering countries (i.e., Canada and Mexico) may be eligible for title XVI payments. (These recipients are usually in such foreign nursing homes because these facilities are closer to the area in the United States where they live than are the nearest facilities located within the United States. Most of these recipients live in sparsely populated border areas.) These recipients must be able to meet the residency requirements of title XVI and the requirement that they not be outside the United States for 30 consecutive days. While this type of case is not anticipated in great numbers, and while very few of these recipients will be able to establish eligibility, handle each claim on its own individual facts. (See GN 00303.110 and GN 00303.115 for residency requirements.)*

Note that some recipients may be mentally impaired or physically incapable of providing the information the FO requests or of prosecuting their appeal because of advanced age, poor health, or severe handicap. The FO should check the supplemental security record (SSR) or in-office records for an indication that the recipient may have difficulty responding. Moreover, some recipients may be homeless and not have a regular mail address. The FO should be prepared to render necessary assistance tailored to the special needs of these individuals (e.g., contacts with social agencies, shelters for the homless, soup kitchens). (See SI 02301.261 A for a description of the SSR codes that would indicate such a problem.)

When a recipient has been outside the United States for 30 full consecutive days, he/she will be considered outside the United States until he/she has returned to, and has been in the United States, for 30 consecutive days.

To determine if a period of absence lasted 30 or more consecutive days, begin with the first day after the day of departure from the United States. The last day included in the period of absence will be the day before the recipient arrives back in the United States. Only in February can a recipient be out of the United States for the entire month but for less than 30 days.

To determine when the recipient has been back in the United States for 30 consecutive days, begin with the day of arrival in the United States. SeeGN 00303.120C. about proof of presence in the United States.

When a recipient reports a future absence from the United States, ascertain the length of time that he/she expects to be away from the United States. If he/she expects to return to the United States before the expiration of 30 consecutive days or a full calendar month, do not make a determination of ineligibility.

Example 1:

John Stowe reports that he will leave the United States on September 1, and expects to return September 30; John will be eligible for September because he will not be outside the United States for a full calendar month. Although he neither expects to be absent for a full calendar month nor for 30 consecutive days he should be advised to report if his return will be later than anticipated.

On the other hand, if an individual will be outside the United States for a full calendar month or 30 consecutive days, or if notification of the change is received after the fact of the departure, assume, absent indication of an earlier return, that the recipient will remain outside the United States indefinitely. In such a case, suspension of eligibility is in order. Only after a recipient has returned to and remained in the United States for a period of 30 consecutive days can eligibility be reestablished following the period of suspension

of eligibility for absence from the United States, except if the absence is for all of February but less than 30 days (see C. below).

Example 2:

A recipient writes on May 2, 1983, that he left the United States on May 1. Since there is no indication of when he expects to return, assume that he will remain outside the United States throughout the month of June. A determination of ineligibility for absence from the United States should be made for June 1983 and continuing. A Notice of Planned Action is mailed to the recipient.

NOTE: *The recipient is not considered outside the United States throughout the month of May since he was present for a part of the first day of the month.*

A check returned or a report received indicating that the recipient has left the United States does not preclude the requirement for a written advance notice about ineligibility for absence from the United States. However, if a check is returned as undeliverable or subsequent checks cannot be issued because of the lack of a proper address, see SI 02301.261 about ineligibility for whereabouts unknown.

C. Reestablishing Eligibility

1. PRIOR TO OCTOBER 1, 1982

For periods before October 1, 1982, eligibility may be reestablished beginning with:

a. March 1 if the recipient was absent all of February but less than 30 days; or

b. The first day of the month in which the day after the 30th consecutive day of presence in the United States falls if the recipient was absent for 30 or more consecutive days.

2. EFFECTIVE OCTOBER 1, 1982

Beginning October 1, 1982, eligibility may be reestablished beginning with:

a. The day of arrival in the United States if the recipient was absent all of February but less than 30 days; or

b. The day after the 30th consecutive day of presence in the United States if the recipient was absent for 30 or more consecutive days.

Example:

A recipient reports that he was on vacation outside the United States. He left on January 31, 1983, and returned March 2, 1983. Since he was absent from the United States for a full calendar month, he is ineligible for February. However, since he was not outside the United States for a period of 30 consecutive days (i.e., absence February 1 through March 1, 1983, is an absence of only 29 days), he is considered present in the United States beginning the day he returns (March 2). Eligibility may be reestablished beginning March 2, 1983.

NOTE: *Had the recipient not returned to the United States until March 3, he could not be considered present in the United States until April 1 (i.e., absence February 1 through March 2, 1983, is an absence of 30 consecutive days). Thus, eligibility may not be reestablished until April 2, 1983 (the day after the 30th consecutive day of presence in the United States).*

See SI 02005.001 ff. regarding proration of benefits. As indicated above, this change was effective October 1, 1982.

02301.220 Detecting Departures From the United States by Alien Recipients—I-131 Procedure

A. General

While the majority of SSI recipients comply with their responsibility to notify SSA when they leave the United States, some leave without reporting and continue to receive their SSI benefit checks at United States addresses. In such cases the recipients may be overpaid.

All aliens who go abroad for 1 year or more must apply to the Immigration and Naturalization Service (I&NS) for reentry permits if they wish to preserve the right to return to this country. In addition, many aliens apply for reentry permits if they plan to be absent from the United States for less than 1 year. To aid in the detection of alien recipient departures from the United States, I&NS has agreed to furnish SSA copies of "Application for Permit to Reenter the United States" (Form I-131) filed by departing aliens. These I-131's contain, among other items of information, the applicant's name, social security number, date of birth, country of birth, country of nationality, parents' names, date of departure from the United States, length of intended absence abroad, and mailing address abroad.

B. Office of Central Records Operations (OCRO) Action

Duplicate I-131's are mailed by I&NS to OCRO. OCRO will identify individual cases in the following categories:

1. Title II only-in benefit status;
2. Title XVI only (pay status codes: C01, M01 (only if greater than zero amounts), S06, S07, S08 and S09)); and
3. Title II and title XVI combination of the above.

Develop title II only cases in accordance with GN 02605.550 and GN 02602.640.

In title XVI only cases and in concurrent title II and XVI cases, OCRO will send the I-131 and an SSIRD to the servicing field office (FO) by a route slip.

C. Processing Center (PC) Action

PC's will have no involvement in the processing of title XVI cases. When there is title II involvement, see GN 02605.550 and GN 02602.640.

D. FO Action

Upon receipt of the I-131 and accompanying documents from OCRO, the FO should query the system to ascertain whether the recipient has, subsequent to the OCRO screening, notified SSA of his/her departure. If notification has been received, destroy the I-131. If no notification was received, a FO representative should attempt to contact the recipient at his/her United States resident address to ascertain whether he/she has departed from the United States. If the recipient is not

at the address, make inquiries to determine his/her whereabouts.

When the attempt to contact the recipient at his/her resident address is unsuccessful, write to the recipient at his/her last known address and request that he/she get in touch with the FO. If the letter is returned by the post office as undeliverable, place the recipient in suspense for whereabouts unknown (see SI 02301.261). If the FO letter requesting that the recipient visit the FO is not returned by the post office as undeliverable, and the recipient has not responded to the come-in/call-in letter by the date indicated on the letter, place the recipient in suspense for absence from the United States (see SI 02301.215). However, as discussed in SI 02301.215, note that some recipients may be mentally impaired or physically incapable of providing the information requested by the FO or prosecuting their appeal because of advanced age, poor health, or severe handicap. The FO should check the SSR or in-office records for an indication that the recipient may have difficulty responding. (See SI 02301.261A for a description of the SSR codes that would indicate such a problem.) Moreover, some recipients may be homeless and not have a regular mail address. The FO should be prepared to render necessary assistance tailored to the special needs of these individuals (e.g, contacts with social agencies, shelters for the homeless, soup kitchens).

Be alert to the possibility that it may be necessary to refer cases to the regional Field Integrity Staff if fraud is suspected (see GN 04101.001 ff.).

If contact is made with the recipient, develop in accordance with SI 02305.001 ff. and SI 02301.215. (When there is title II involvement, see GN 02605.550 and GN 02602.640.) Question the recipient on how he/she financed or plans to finance the trip abroad. Consider the possibility of unreported income (earned or unearned). If he/she did not or is not going abroad as indicated on the I-131, obtain his/her explanation. If no further development is indicated, the I-131 may be destroyed.

When the FO investigation results in the completion of a redetermination, the I-131 and any related development should be associated with the recipient's claims folder.

02301.225 Deportation of Alien SSI Recipients—I-157 Procedure

The I&NS sends copies of Forms I-157 (Notice of Deportation) to notify SSA of the deportation of individuals who may be SSI recipients. These I-157's are screened against the SSR, and an SSIRD is produced for active records (codes C01, M01). These SSIRD's, the volume of which is expected to be extremely small, will be sent to the regional offices (RO's) for dissemination to the appropriate FO for development. Develop these cases in accordance with SI 02305.001 ff. and SI 02301.230. Place particular emphasis on citizenship/alien status and residency questions.

02301.230 Loss of United States Citizenship, Qualifying Alien Status, or Residence

A. Suspending Eligibility

Loss of United States citizenship (GN 00303.145D) or status as an alien lawfully admitted for permanent residence (GN 00303.055) or otherwise permanently residing in the United States under color of the law (GN 00303.070) results in a suspension of eligibility (PSC N13) effective with the first full calendar month for which it is determined an individual no longer meets the requirement.

Loss of United States residence (GN 00303.145B) in one of the 50 States, the District of Columbia, or the Northern Mariana Islands results in suspension of eligibility effective with the first full calendar month for which a recipient no longer meets the residency requirements. Generally, if a recipient is absent from the United States, his/her eligibility would be suspended on the basis of being outside the country (PSC N03, SI 02301.215) rather than loss of residence (PSC N13). In this situation, a residence determination will be unnecessary since such absence usually will result in *suspension of eligibility effective the same month* suspension of eligibility for loss of the United States residence would be effective. However, be alert to situations in which a recipient, although not yet outside the United States for at least 30 consecutive days or a full calendar month, has in fact, abandoned his United States residence (i.e., departed the United States with the intention of residing elsewhere and abandoning residence in the United States). (See GN 00303.110 for a description of criteria used to prepare a residence determination.)

B. Reestablishing Eligibility

Eligibility may be reinstated when the recipient establishes United States citizenship and residency, status as an alien lawfully admitted for permanent residence as an alien, or status as an alien otherwise permanently residing in the United States under color of law (see GN 00303.001 ff.) and meets all other eligibility requirements.

1. PRIOR TO OCTOBER 1, 1982

For periods before October 1, 1982, eligibility may be reestablished beginning with the first day of the month in which the recipient regains status in one of the above categories.

2. EFFECTIVE OCTOBER 1, 1982

Beginning October 1, 1982, eligibility may be reestablished beginning with the day the recipient regains status in one of the above categories.

See SI 02005.001 ff. regarding proration of benefits. As indicated above, this change was effective October 1, 1982.

02301.235 Resident of Public Institution

A. Suspending Eligibility

A recipient is ineligible (PSC N02) effective with the first full calendar month throughout which he/she is a resident of a public institution (SI 00520.001-.100). A recipient is not a resident of a public institution if:

1. He/she is a patient in a hospital, extended care or intermediate care facility, or nursing home receiving substantial payments with respect to such an individual under a State plan approved under title XIX (Medicaid; i.e., Medicaid pays more than 50 percent of the cost of care of the institutionalized individual) (SI 00520.190-.230); or
2. He/she is in a public education or vocational training institution for the purpose of securing education or vocational training (SI 00520.140).

Confinement in a medical facility such as a hospital, extended or intermediate care facility, or nursing home (public or private) does not result in ineligibility if the recipient is in such a facility throughout a calendar month and the facility receives substantial title XIX funds on behalf of the recipient. In such a case, the FBR is $25 less necessary reductions (SI 00520.001B. and SI 00520.020). If the facility is private and does not receive substantial title XIX funds on behalf of the recipient, the recipient is eligible for the FBR for a Federal LA of "A" less necessary reductions(SI 00520.001C. and SI 00520.020). However, if the facility is public and does not receive substantial title XIX funds on behalf of the recipient (i.e., more than 50 percent of the cost of his/her care), the recipient is ineligible. For a full explanation, see SI 00520.001 ff.

NOTE: *See SI 00520.105 regarding benefits to individuals in public emergency shelters for the homeless. The FO should check the SSR or in-office records for an indication that the recipient may have difficulty responding. (See SI 02301.261A for a description of the SSR codes that would indicate such a problem.) Also, some SSI recipients may be mentally impaired or physically incapable of providing the information requested by the FO or of prosecuting their appeal because of advanced age, poor health, or severe handicap. The FO should be prepared to render necessary assistance tailored to the special needs of these individuals (e.g., contacts with social agencies, shelters for the homeless, soup kitchens).*

B. Reestablishing Eligibility

Once suspended, eligibility is not reestablished until the individual is no longer a resident of a public institution (i.e., the public institution discharges or releases the individual and he/she leaves the facility) and otherwise establishes his/her eligibility to receive payment. A temporary release (i.e., 14 days or less) from the public institution does not in itself remove the individual's resident status (SI 00520.120). However, absent evidence to the contrary, an individual who is being released for more than 14 days is presumed no longer a resident of the institution.

1. PRIOR TO OCTOBER 1, 1982

For periods before October 1, 1982, eligibility may be reestablished beginning with the first day of the month in which the recipient is no longer a resident of a public institution (see SI 00520.090 ff.).

2. EFFECTIVE OCTOBER 1, 1982

Beginning October 1, 1982, eligibility may be reestablished beginning with the day the recipient is no longer a resident of a public institution (see SI 00520.090 ff.).

Example:

Sarah Gold's eligibility was suspended effective November 1982 based on her report that on October 12, 1982, she entered a public institution. For the period December 24, 1982-January 2, 1983, Sarah is temporarily absent from the institution for a home visit, but this does not reestablish her eligibility because she is still determined to be a resident of a public institution through December and January as her absence did not exceed 14 days. On March 24, 1983, she was unconditionally released by the institution, and eligibility may be reestablished effective March 24, 1983.

See SI 02005.001 ff. regarding proration of benefits. As indicated above, this change was effective October 1, 1982.

02301.240 Failure to Apply For and Pursue Other Program Benefits

A. Suspending Eligibility

An SSI recipient is ineligible (PSC N06) for any month in which he/she fails to apply for and otherwise pursue his/her claim for other program benefits (SI 00510.010) within 30 days of the date of the SSA-L8050-U3 or other notice (or within 35 days if the SSA-L8050-U3 or other notice is mailed) unless there is good cause for such failure (see SI 00510.100-00510.130). The effective month of ineligibility is the month the recipient received the initial SSA-L8050-U3. This is true regardless of when it is determined that the recipient failed to pursue his/her claim for the other benefits. (See SI 00510.001-00510.150 for a complete discussion of the development required in these cases.) (Waiver of title II Goldberg/Kelly payments in a concurrent title II/XVI case (SI 02301.610.B) or nonelection of title II only benefit continuation under Public Law 97-455 (DI A00505.022) does not constitute failure to apply for other benefits.)

Example 1:

Jerry James, an SSI recipient, is notified in writing (SSA-L8050-U3) by the FO in November 1982 that he may be eligible for a civil service pension and that he should file for it. The SSA-L8050-U3 or other notice further explains that failure to file for and secure a determination with respect to his eligibility for the other benefit will result in SSI ineligibility beginning November 1982. The recipient applies for the pension and based on this action, SSI eligibility continues. However, the FO is notified in February 1983 that the recipient's application for the civil service pension could not be approved because he failed to submit the necessary evidence. The FO then determines that the recipient failed to pursue his claim for the other benefit and is ineligible effective November 1982, the month he received the initial SSA-L8050-U3.

There are rare cases in which a recipient could become entitled to other benefits only if an application is filed within a specified period of time. If a recipient failed to file for this benefit within 30 days after receipt of the SSA-L8050-U3, a suspension of eligibili-

ty would result. However, since the other program benefit had a time limit for establishing eligibility, thesuspension of SSI eligibility could not be continued beyond the last month for which he/she could have effectively filed for the other benefits. If the specified period for filing for the other program benefit ended during the 30-day period following receipt of the SSA-L8050-U3, a determination of ineligibility could not have been made.

Example 2:

Sam Jones has been receiving title XVI payments and is advised on April 20, 1983, by his former employer of a pension for which he may be entitled. To beeligible for this pension, however, applications must be submitted between May 1, 1983, and July 31, 1983. SSA becomes aware of the other benefit and notifies Mr. Jones of his responsibility to file for the other benefit on June 10, 1983. Mr. Jones submits evidence on August 2, 1983, indicating that because his application for the pension was not submitted timely, he cannot be entitled to the pension. Since Mr. Jones failed to submit his application during the required time period, he is determined to be ineligible for SSI for June and July. Since he could not file for the other benefits beyond July 31,he reestablished SSI eligibility beginning August 1, 1983.

NOTE: *Had SSA not been aware of the possibility of another benefit until August 1983 or later, a determination of ineligibility could not have been made.*

B. Reestablishing Eligibility

Following a suspension for failure to take all necessary steps to obtain other benefits, eligibility cannot be reestablished until the individual submits sufficient evidence that he/she has taken all necessary steps required by the other agency and he/she meets all other eligibility requirements.

1. PRIOR TO OCTOBER 1, 1982

For periods before October 1, 1982, eligibility may be reestablished beginning with the first day of the month in which the recipient takes the necessary steps to obtain benefits from the other agency.

2. EFFECTIVE OCTOBER 1, 1982

Beginning October 1, 1982, eligibility may be reestablished beginning with the day the recipient takes the necessary steps to obtain benefits from the other agency.

Example:

Because of failure to file for a union pension, Joe Barber's SSI eligibility was suspended effective January 1983. (He had previously received an SSA-L8050-U3 advising him about the requirement to file for the union pension, and later a Notice of Planned Action regarding the suspension of his eligibility for not filing for the pension.) On March 8, 1983, he submits evidence verifying that he applied for the pension on March 4, 1983. Eligibility may be reestablished beginning March 4, 1983.

See SI 02005.001 ff. regarding proration of benefits. As indicated above, this change was effective October 1, 1982.

02301.245 Cessation of Blindness or Disability

For a recipient whose eligibility is based on blindness or disability and who is *not* age 65 or older, SSI eligibility terminates effective *with the third month* after the month in which the blindness (PSC N08) or disability (PSC N07) ceases (DI 00504.001 ff.). See DI 00505.021 about due process in title XVI and concurrent title II/XVI work issue cases, DI 00505.200D about due process in title XVI and concurrent title II/XVI medical cessation cases, and SI 02302.030 for nondisability suspensions and terminations.

In these cases, the cessation month is the month the blindness or disability ceases, and the termination month is the month benefits terminate (i.e., the third month after the cessation month.)

Example:

A recipient who has been receiving payments on the basis of disability is determined not disabled as of August 20, 1982. His SSI eligibility on the basis of disability terminates effective November 1982.

Any income exclusions based upon a recipient's blindness or disability would no longer apply. For example, it is determined that the disability of a recipient, who is both over age 65 and disabled, and who qualifies for an exclusion of income needed to fulfill an approved plan to achieve self-support (SI 00840.136 and SI 00870.001-00870.100), ceases in July 1982. Although the recipient may remain eligible for payment as an aged individual, the income needed to fulfill the plan for self-support can no longer be excluded in counting income and resources when redetermining his eligibility and payment amount beginning October 1982 (the termination month for disability payments).

02301.250 Refusal to Accept Vocational Rehabilitation Services

A. Suspending Eligibility

An SSI recipient whose eligibility is based on blindness or disability is ineligible effective with the month that he/she refuses, without good cause, to accept vocational rehabilitation services (PSC N09). Such ineligibility also occurs if the recipient fails, without good cause, to make himself/herself available for vocational rehabilitation contact or evaluation of his/her rehabilitation potential. Guides for determining whether an individual has good cause for refusing vocational rehabilitation services are discussed in DI 00502.023 ff. Because a recipient is ineligible for payment for the month the event occurs, a determination of ineligibility for refusal of vocational rehabilitation services always involves incorrect payments.

B. Reestablishing Eligibility

1. PRIOR TO OCTOBER 1, 1982

For periods before October 1, 1982, eligibility may be reestablished beginning with the first day of the month in which the recipient no longer refuses vocational rehabilitation services or has good cause for continuing to refuse vocational rehabilitation services.

2. EFFECTIVE OCTOBER 1, 1982

Beginning October 1, 1982, eligibility may be reestablished beginning with the day the recipient no longer refuses vocational rehabilitation services or has good cause for continuing to refuse vocational rehabilitation services.

Example 1:

In June 1982, a vocational rehabilitation agency notifies the Social Security Administration (SSA) regional office (RO) that Jane Brown withdrew from a vocational rehabilitation service program in May 1982. Following FO development, she is notified by the RO that it has been determined that she does not have good cause for refusing vocational rehabilitation services and that she is ineligible beginning May 1982. On November 12, 1982, she contacts the FO indicating her willingness to accept vocational rehabilitation services. On notice from the vocational rehabilitation agency that Jane Brown has been in touch with them and agrees to accept vocational rehabilitation services, eligibility may be reestablished beginning November 12, 1982.

Example 2:

In January 1983, a vocational rehabilitation agency notifies the SSA RO that an individual has not responded to their attempts to set up a vocational rehabilitation program. The FO contacts the individual to make certain that the individual understands the effect that refusal without good cause to accept vocational rehabilitation services will have on the continuation of title XVI payments and to find out why he has not been in touch with the vocational rehabilitation agency as requested. The results of their development are forwarded to the RO. The individual is notified that it has been determined that he does not have good cause for refusing vocational rehabilitation services and he is ineligible beginning January 1983. On July 8, 1983, the individual contacts the FO alleging that his condition precludes acceptance of vocational rehabilitation services. The development is forwarded to the RO and the individual is notified that *based on his medical condition as of June 1, 1983,* he has good cause for not accepting vocational rehabilitation services and is eligible beginning June 1, 1983.

See SI 02005.001 ff. regarding proration of benefits. As indicated above, this change was effective October 1, 1982.

02301.255 Failure to Accept Treatment for Drug Addiction or Alcoholism

A. Suspending Eligibility

A recipient whose SSI eligibility is based on disability and who has been medically determined to be a drug addict (PSC N10) or an alcoholic (PSC N11), is ineligible effective with the first month in which he/she refuses to undergo appropriate and available treatment for which he/she has been referred (i.e., at an institution or facility approved for such purposes by SSA) (DI 00405.035-00405.050). In addition, such a recipient is also ineligible for any month for which it is determined that he/she is not complying with the terms, conditions, and requirements of the treatment.

B. Reestablishing Eligibility

Once suspended for refusal to undergo treatment, eligibility will not be reestablished until (1) the recipient demonstrates compliance by undergoing the required treatment; and (2) his/her compliance is verified by the responsible authority at the institution or facility providing the treatment and he/she meets all other eligibility requirements.

1. PRIOR TO OCTOBER 1, 1982

For periods before October 1, 1982, eligibility may be reestablished beginning with the first day of the month in which the recipient complies provided such compliance is verified.

2. EFFECTIVE OCTOBER 1, 1982

Beginning October 1, 1982, eligibility may be reestablished beginning with the day the recipient complies provided such compliance is verified.

Example:

An SSI recipient's eligibility was suspended effective May 1983 for failure to report for available treatment. The FO had contacted him regarding this issue, and he gave no reason for his failing to report for the required treatment. In August he notified the FO that he reported for treatment on July 25; on August 18, the responsible authority at the institution or facility verified that the recipient had reported for treatment on July 25 and was complying with the required treatment. Eligibility may be resumed effective July 25, 1983.

See SI 02005.001 ff. regarding proration of benefits. As indicated above, this change was effective October 1, 1982.

02301.260 Failure to Confirm Eligibility

A. General

A recipient, an alien's sponsor or sponsor's living-with spouse, or a representative payee may refuse to comply with an SSA request for necessary information. Occasionally, a recipient may no longer wish to pursue continuing eligibility. Failure to comply with an SSA request within a specified period or failure to pursue continuing eligibility may result in a determination of ineligibility (PSC N20) effective with the month following the month in which the determination is made. See B. through E. below for necessary development prior to making such a determination.

If, however, information in our records is in itself the basis for a determination of ineligibility (e.g., living arrangement, student status, income, etc.), a determination will be made on that basis and shall subject such payment to reduction, suspension, or termination, as appropriate. In such instances, there is no suspension due to the recipient's failure to comply with a request for information. The recipient may ask for reconsideration of the determination if he/she disagrees with it. When the information of record (although not confirmed by the recipient) indicates a retroactive change in eligibility or payment amount, the SSI Notice of Planned Action (SI 02301.601) must state the proposed

change as well as inform the recipient of the date that the information of record shows the change occurred and that SSA may be in touch with him/her about any erroneous payments that may have occurred. When the specific date on which the circumstances allegedly changed is not available, deem the date the issue was raised as the date of the changed circumstances.

B. Recipient Failure to Cooperate

1. COME-IN LETTERS, CALL-IN LETTERS, AND REQUESTS TO COMPLETE FORMS

All come-in/call-in letters and requests to complete forms must contain the following paragraph to explain the consequences of failure to comply:

"IF YOU DO NOT RESPOND TO THIS REQUEST, a SUPPLEMENTAL SECURITY INCOME (SSI) BENEFITS WILL BE STOPPED. IF YOU CANNOT b , PLEASE CALL THE OFFICE IMMEDIATELY."

Fill-in a:	Choice 1 - "YOUR" Choice 2 - Recipient' name if request is addressed to representative payee or alien's sponsor
Fill-in b:	Choice 1 - "COME IN ON THE ABOVE DATE" Choice 2 - "COMPLETE THE ENCLOSED FORM"

NOTE: *Omit second sentence on call-in letters.*

Retain a copy of the request. If the recipient does not respond or does not provide a reason for delay within 30 calendar days from the date of appointment on a come-in letter or the date of request to call the office or complete aform, make a determination of ineligibility. (Do *not* follow up with the recipient before making the determination of ineligibility unless the SSR or any in-office record indicates the recipient may have difficulty complying with the request (see 3. below).)

NOTE: *Some recipients may be mentally impaired or physically incapable of providing the information requested by the FO or of prosecuting their appeal because of advanced age, bad health, or severe handicap. The FO should check the SSR or in-office records for an indication that the recipient may have difficulty responding. (See 3. below for a description of SSR codes that would indicate such a problem.) However, note that the recipient may still have such a problem in the absence of SSR or in-office record indication. Moreover, some recipients may be homeless and not have a regular mail address. The FO should be especially observant in order to provide necessary assistance tailored to the special needs of these individuals (e.g., contacts with social agencies, shelters for the homeless, soup kitchens).*

The effective date of ineligibility is the month following the month in which the determination is made that the recipient has failed to respond (see SM 01305.001.0.15). Send a Notice of Planned Action (SSA-L8155) advising the recipient that he/she is ineligible due to failure to respond to a request for information which is needed to determine continuing eligibility for SSI.

2. REQUESTS FOR INFORMATION/EVIDENCE

All requests for information/evidence must be in writing and must contain the following paragraph to explain that the individual must provide the requested information within 30 calendar days and the consequences of failure to comply:

"IF YOU DO NOT PROVIDE THIS INFORMATION BY a , b SUPPLEMENTAL SECURITY INCOME (SSI) BENEFITS WILL BE STOPPED. IF YOU CANNOT PROVIDE THE INFORMATION BY THE ABOVE DATE, PLEASE CALL THF OFFICE IMMEDIATELY."

Fill-in a:	Month/day/year
Fill-in b:	Choice 1 - "YOUR" Choice 2 - Recipient's name if request is addressed to representative payee or alien's sponsor (See C. and D. below.)

Retain a copy of the request. If the recipient does not provide the requested information/evidence within 30 calendar days from the date of the written request or does not provide a reason for delay, make a determination of ineligibility. (Do *not* follow up with the recipient before making the determination of ineligibility unless the SSR or any in-office record indicates the recipient may have difficulty complying with the request (see 3. below).) The effective date of ineligibility is the month following the month in which the determination is made that the recipient has failed to furnish requested information/evidence (see SM 01305.001.0.15). Send an SSI Notice of Planned Action (SSA-L8155) advising the recipient that he/she is ineligible due to failure to supply requested information.

3. FOLLOWUP CONTACT BEFORE SUSPENDING ELIGIBILITY

If the ID, DB, DISB, or CG field on the SSR (see SM 01601.010 ff.) or any in-office record indicates the recipient may have difficulty complying with the request because he/she is homeless, mentally impaired or physically incapable because of advanced age, poor health, or severe handicap, make a followup contact. Follow up with the recipient 15 calendar days from the date of the initial written request (or within 5 calendar days after the appointment date on a come-in letter). Try to contact the recipient by telephone. If unsuccessful, make a personal visit to the recipient's last known residence. If the recipient no longer lives at that address, contact individuals in the neighborhood (e.g., such as the landlord or neighbors), friends, post office, etc. When you locate the recipient, advise him/her of his/her responsibility to respond to SSA's requests and the consequences of failure to comply. Document the file as to the efforts made to contact the recipient. If the recipient does not respond or provide a reason for delay, see 1. or 2. above about suspending eligibility.

4. GOOD CAUSE FOR EXTENDING THE 30-DAY PERIOD

Good cause extensions of the 30-day period may be granted when the individual has difficulty complying with the request. Good cause will be found when the individual:

a. Needs More than 30 Calendar Days to Obtain the Information/Evidence.

When an individual calls indicating a problem with supplying the information/evidence, discuss how much more time will be needed to obtain the information/evidence. Document the file with an SSA-5002 stating the reason for delay and the agreed upon extended date. Establish a diary to close out the case the day after the extended date. If the individual cannot approximate the date the information/evidence will be provided, grant a 30-day extension. Multiple extensions may be granted but only in rare cases. If the recipient does not provide the information/evidence by the extended due date, make a determination of ineligibility (see 2. above). See C. and D. below for sponsor-to-alien deeming and representative payee cases.

b. Has Difficulty Complying because of Illness, Handicap, or Possible Incompetence or Incapability.

When an individual calls indicating that he/she has difficulty complying because of illness or handicap, render assistance when possible (e.g., if the recipient cannot come into the office for a redetermination, conduct it by telephone). If the recipient's capability is questionable, develop for a representative payee and continue direct payment until a payee is appointed (see GN 00502.001 ff.). If the representative payee's capability is questionable, develop for a new payee (see D. below). If the individual requests a delay, discuss how much more time will be needed to comply with the request. Document the file with an SSA-5002 stating the reason for delay and the agreed upon extended date. Establish a diary to close out the case the day after the extended date. When a capable recipient has indicated he/she will comply with the request but fails to do so by the extended date, make a determination of ineligibility (see 1. or 2. above).

C. Alien's Sponsor Failure to Cooperate

Under law, an alien is responsible for obtaining the cooperation of his/her sponsor and the sponsor's living-with spouse in providing requestedinformation/evidence (see SI A00850.080). Treat the sponsor's or sponsor's living-with spouse's failure to cooperate the same as the alien's failure to obtain the required cooperation. Therefore, if a sponsor or sponsor's living-with spouse fails to cooperate within 30 days of the written request, make a determination of ineligibility (see B.1 or B.2 above). Followup contact is *not* required during the 30-day period. See B.4. above about extending the 30-day period.

D. Representative Payee Failure to Cooperate

If the representative payee is the recipient's legal guardian or parent with custody of a minor child, make a determination of ineligibility when the representative payee fails to cooperate within 30 days of the written request. Followup contact is *not* required during the 30-day period. See B.4. above about extending the 30-day period. The effective date of ineligibility is the month following the month in which the determination is made (see SM 01305.001.0.15). Send a manually-prepared SSI Notice of Planned Action (SSA-8155-U2) advising the representative payee that the recipient is ineligible due to failure to respond to a request for information which is needed to determine continuing eligibility for SSI.

However, if a representative payee other than those listed above fails to cooperate, do not make a determination of ineligibility. Contact the recipient, if possible, for the information and determine whether a new payee should be sought. Do not contact the recipient if the recipient is incompetent or a minor child. If the recipient cannot provide the information or cannot be contacted, develop for a new representative payee (see SI 02301.275.B. and SM 01305.001.0.20).

E. Failure to Pursue Continuing Eligibility

If at any time a recipient who is capable clearly states that he/she is no longer interested in pursuing SSI eligibility, discuss voluntary termination (see SI 02301.265). If the recipient does not wish to voluntarily terminate his/her SSI eligibility, explain that failure to pursue eligibility will result in a determination of ineligibility. If the recipient is in the office, secure a form SSA-795 which includes the statement that he/she does not wish to pursue continuing SSI eligibility and the reason(s) why the recipient does not wish to pursue. If the contact is by phone, record this information on an SSA-5002.

If the recipient's reason for not wishing to pursue continuing eligibility is difficulty in obtaining requested information/evidence, offer assistance or consider development for a representative payee.

If the recipient understands his/her decision and the results of the decision,make a determination of ineligibility immediately. The effective date of ineligibility is the month following the month in which the determination is made that the recipient has failed to pursue continuing eligibility (see SM 01305.001.0.15). Send a Notice of Planned Action (SSA-L8155) advising the recipient that he/she is ineligible due to failure to pursue continuing eligibility for SSI.

If a representative payee informs the office that a recipient does not wish to pursue, obtain an explanation on a form SSA-795 (when the payee is in the office) or a form SSA-5002 (if the information is given over the phone). Explain that failure to pursue may result in a determination of ineligibility. If the representative payee's reason for not wishing to pursue is difficulty in obtaining requested information/evidence, offer assistance or consider development for a new representative payee.

If the representative payee is the recipient's legal guardian or parent with custody of a minor child, make a determination of ineligibility immediately if the representative payee does not wish to pursue (see D. above and GN 00504.205).

However, when a representative payee other than those listed above informs the office that the recipient does not wish to pursue, contact the recipient, if possible, for confirmation. *Do not contact the recipient if the recipient is incompetent or a minor child.* When the recipient does not wish to pursue, secure an SSA-795 (if the recipient is in the office) or a form SSA-5002 (if the contact is by phone) to record his/her decision and make a determination of ineligibility immediately. The effective date of ineligibility is the month following the month in which the determination is made (see SM

01305.001.0.15). Send a manually-prepared SSI Notice of Planned Action (SSA-L8155-U2) advising the recipient that he/she is ineligible due to failure to pursue continuing eligibility for SSI. Send a copy of the notice to the representative payee. If the recipient wishes to pursue or cannot be contacted, develop for a new representative payee (see SI 02301.275B. and SM 01305.001.0.20).

F. Reestablishing Eligibility

Once suspended, eligibility may be reestablished by the timely submission of evidence which establishes that the recipient meets all the eligibility requirements (SI 02301.300 and SI 02301.270). Reinstate eligibility beginning with the first day of the month prior to October 1, 1982 (or the appropriate day of the month after September 1982) in which the recipient meets all the eligibility requirements. (Reinstatement may be retroactive or prospective, as appropriate, based on establishment of eligibility for a specific month or months.) (See SI 02005.001 ff. regarding proration of benefits.)

02301.261 Whereabouts Unknown

A. Suspending Eligibility

When the Treasury Department reports a check returned because of incorrect or unknown address (payment status code S06) or for miscellaneous reasons (payment status code S07), *the system suspends eligibility without advance notice.* The system also generates an alert to the FO (see SM 01315.095). If the FO discovers (e.g., through the redetermination process) that the recipient has moved and left no forwarding address, the FO suspends the recipient's eligibility for whereabouts unknown (i.e., payment status code S06). The effective date of ineligibility is the current computation month (see SM 01305.001.0.19). Advance notice is not required (SI 02301.601). However, in either situation, SSA must send an SSI Notice of Planned Action (SSA-L8155-C1) to the last known address as described below. (NOTE: The notices described in 1. through 3. below have been system-generated under the Posteligibility Redesign Project since August 4, 1983.)

NOTE: *Some recipients may be homeless and not have a regular mailing address. Moreover, some recipients may be mentally impaired or physically incapable of responding to the FO's letter or notice or of prosecuting their appeal because of advanced age, bad health, or severe handicap. For this reason, the FO should carefully review SSA's information prior to sending the SSA-L8155-C1 described above. If the ID, DB, DISB, or CG field on the SSR (see SM 01601.010 ff.) or any in-office record indicates the recipient may have difficulty complying with SSA's requests or responding to SSA's letters or notices, the FO should first try to contact the recipient by telephone. If unsuccessful, next make a personal visit to the recipient's last known residence. If the recipient no longer lives at that address, contact individuals in the neighborhood (e.g., such as the landlord or neighbors), friends, post office, etc. In the case of the homeless, the mentally impaired, or the physically incapable, it is necessary for the FO to attempt to locate the recipient prior to sending the closeout notice (i.e., the SSA-L8155-C1). For these individuals, the FO should render any necessary assistance tailored to the special needs of these individuals (e.g., contacts with social agencies, shelters for the homeless, soup kitchens). In addition, as described in SI 02301.260.B.3, the FO should document the file as to the efforts made to contact the recipient.*

1. RECIPIENT IN DIRECT PAYMENT

Upon receipt of an undeliverable check or request for information in the FO, or upon receipt of a system alert that a check has been returned and eligibility has been suspended because of an erroneous address (SM 01305.095), immediately input to send an SSI Notice of Planned Action (SSA-L8155-C1) to the recipient's last known address. The following paragraphs will be included in the notice:

> "OUR RECORDS SHOW THAT THE CHECK (REQUEST FOR INFORMATION) WE SENT YOU WAS RETURNED. WE WILL NOT SEND YOU ANY MORE CHECKS UNTIL YOU GET IN TOUCH WITH YOUR LOCAL SOCIAL SECURITY OFFICE."
>
> "IF AT ANY TIME IN THE FUTURE YOU THINK YOU QUALIFY FOR PAYMENT, PLEASE CONTACT US IMMEDIATELY. IF YOU ARE NOT ELIGIBLE TO RECEIVE PAYMENT DURING A MONTH BEFORE (month/year—one year from effective date of suspension), YOU WILL HAVE TO FILE A NEW APPLICATION TO RECEIVE PAYMENT. SINCE WE CANNOT MAKE PAYMENT FOR THE PERIOD BEFORE AN APPLICATION IS FILED, A DELAY IN APPLYING WILL RESULT IN A LOSS OF PAYMENT FOR SUCH PERIOD BEFORE THE APPLICATION IS FILED."

2. RECIPIENT HAS REPRESENTATIVE PAYEE

Upon receipt of an undeliverable check or request for information in the FO, or a system alert that a check has been returned and eligibility suspended because the whereabouts of the recipient in representative payee status is unknown, immediately input to issue an SSI Notice of Planned Action (SSA-L8155-C1) to the recipient and the representative payee's last known address. The following paragraphs will be included in the notice:

> "OUR RECORDS SHOW THAT THE CHECK (REQUEST FOR INFORMATION) WE SENT (name of payee) AS YOUR REPRESENTATIVE PAYEE WAS RETURNED. WE WILL NOT SEND ANY MORE CHECKS UNTIL YOU (OR SOMEONE ON YOUR BEHALF) GET IN TOUCH WITH YOUR LOCAL SOCIAL SECURITY OFFICE, AND WE RESOLVE ANY REPRESENTATIVE PAYEE ISSUE OR QUESTION OF ELIGIBILITY."
>
> "IF AT ANY TIME IN THE FUTURE YOU THINK YOU QUALIFY FOR PAYMENT, PLEASE CONTACT US IMMEDIATELY. IF YOU ARE NOT ELIGIBLE TO RE-

CEIVE PAYMENT DURING A MONTH BEFORE (month/year—one year from effective date of suspension), YOU WILL HAVE TO FILE A NEW APPLICATION TO RECEIVE PAYMENT. SINCE WE CANNOT MAKE PAYMENT FOR THE PERIOD BEFORE AN APPLICATION IS FILED, A DELAY IN APPLYING WILL RESULT IN A LOSS OF PAYMENT FOR SUCH PERIOD BEFORE AN APPLICATION IS FILED."

The notice (SSA-L8155-C1) to the representative payee will include the following paragraph:

"OUR RECORDS SHOW THAT THE CHECK WE SENT YOU AS REPRESENTATIVE PAYEE FOR (name of recipient) WAS RETURNED. WE WILL NOT SEND ANY MORE CHECKS UNTIL WE LOCATE AND DETERMINE THE CONTINUED ELIGIBILITY OF (name of recipient). IF NO BENEFITS ARE PAYABLE FOR A MONTH BEFORE (month/year—one year from effective date of suspension), A NEW APPLICATION WILL BE REQUIRED TO REESTABLISH ELIGIBILITY." SINCE WE CANNOT MAKE PAYMENT FOR THE PERIOD BEFORE AN APPLICATION IS FILED, A DELAY IN APPLYING WILL RESULT IN A LOSS OF PAYMENT FOR SUCH
PERIOD BEFORE AN APPLICATION IS FILED.

When appropriate, the FO should diligently pursue development, in accordance with GN 00501.001 ff., until any representative payee issue is resolved.

3. CHECK RETURNED FOR MISCELLANEOUS REASONS

Upon receipt of a system alert that a check has been returned for miscellaneous reasons, see SM 01315.095 and determine the reason for the returned check. When applicable, update the SSR (e.g., the SSR should reflect that the recipient is ineligible due to excess income). See GN 02402.025 for direct deposit cases. However, if the reason for return is unknown or unclear, immediately input to send an SSA-L8155-C1 in accordance with the instructions in 1. or 2. above.

If the SSI Notice of Planned Action is returned as undeliverable, send an SSA-7001-PC to the post office (CN 00801.045). If the post office does not have the recipient's current address, discontinue development to locate the recipient.

B. Reestablishing Eligibility

1. DURING 12-MONTH SUSPENSION PERIOD

If recontact with the recipient or representative payee is established within 31 days of the (presumed) delivery date of the check that resulted in suspense, ascertain why the check was returned. If everything appears in order (for example, change of address reported too late to redirect the check and recipient left no forwarding address with post office, recipient moved but there is no change in living arrangements or support and maintenance, recipient never moved—check apparently erroneously returned by the postal service), transmit the systems data necessary to reinstate eligibility. However, if a change is indicated, consider whether to conduct a redetermination.

If recontact is established after 31 days but before the end of 12 consecutive months, conduct an unscheduled redetermination before reinstating eligibility (see SI 02301.300 and SM 01305.001.0.19). For reinstatement notice instructions, see SI 02301.305. Eligibility may be reestablished beginning with the month (day of the month) in which the recipient again meets all the eligibility requirements. (See SI 02005.001 ff. regarding proration of benefits.)

Example a:

Mary Mason's eligibility was suspended effective November 1, 1982, because her October SSI check was returned for miscellaneous reasons. On December 3, 1982, she notifies the FO that she just returned from an extended visit with relatives in another State and discovered that she did not receive her SSI checks for October through December. The FO conducts a redetermination and questions the recipient as to how she was able to manage despite not receiving payment for October through December. The FO determines that eligibility should be reinstated effective November 1, 1982.

Example b:

Jim Baker's eligibility was suspended effective March 1, 1983, because of whereabouts unknown. On June 6, 1983, he notifies the FO that he entered a public institution January 15, 1983, and was discharged May 27, 1983. The FO conducts a redetermination and determines the recipient was ineligible February 1 through May 26, 1983, because of residence in a public institution. The FO reinstates eligibility effective May 27, 1983.

2. AFTER 12-MONTH SUSPENSION PERIOD

Eligibility terminates after 12 consecutive months of suspension. When the FO becomes aware of a case that has been suspended for whereabouts unknown for 12 consecutive months or more, the FO will input a termination action (code T30) (see SM 01801.001 ff.) if the recipient was not automatically terminated after12 consecutive months of suspension. When an individual wishes to reestablish SSI eligibility after 12 consecutive months or more, a new application is required (see SI 02301.310). (See SI 02005.001 ff. regarding proration of benefits.) The above rule applies to any case placed in suspense for whereabouts unknown (i.e., payment status codes S06 and S07) on or after September 4, 1979. (In September 1982, cleanup listings of cases in payment status codes S06 and S07 prior to September 4, 1979, were sent to the field for development. See the instructions forwarded with the listings about reinstating or terminating these recipients.)

02301.265 Termination at the Request of the Recipient

A. General

An otherwise eligible recipient may at any time terminate his/her SSI eligibility (PSC N19).

While recipients' reasons for requesting termination vary, it is expected that most recipients who request

termination will do so because their SSI eligibility bars them from obtaining other benefits which would be more advantageous. For example, an individual who is in a public institution which received substantial title XIX payments is eligible to receive the FBR of $25, whereas, if he/she were not eligible to receive SSI, he/she could become eligible for a higher monthly special age-72 payment (GN 02602.820). Thus, an SSI recipient may decide that it would be more advantageous to establish eligibility for special age-72 payments and will request termination of his/her SSI eligibility to qualify for payment of the other benefit.

NOTE: *Although the recipient may be eligible to receive the higher benefit, he/she may still realize only $25 cash from the special age-72 payment. Because of the variances in State medical assistance plans in funding title XIX institutions, most recipients are required to reimburse the State or institution for current maintenance provided they have the means to do so. Special age-72 payments are considered a source for reimbursement. Therefore, the recipient may be assessed for all but $25 of his/her special age-72 benefit, and the termination of SSI eligibility would not be advantageous. More important, the receipt of special age-72 payments might be offset by the loss of benefits which attached themselves to SSI eligibility (see B. below).*

Also an individual cannot be eligible for payment under both SSI and Part A of title IV, Aid to Families with Dependent Children (AFDC), at the same time, but he/she does have an option as to which benefit he/she wishes to claim. Therefore, the individual may request termination of his/her SSI eligibility to establish eligibility for more favorable benefits under the AFDC program. On the other hand, some recipients may not wish to receive payment under SSI for political or religious reasons and, therefore, will request termination.

If, however, it appears that a recipient is requesting termination of SSIeligibility to avoid certain State supplementary payment requirements for eligibility (or lien requirements), the recipient may wish to consider waiver of only the State supplementary payment rather than termination of SSI eligibility (see SI 01410.010H.-I.).

B. Effect of Termination

1. ELIGIBLE INDIVIDUAL

It is important that the recipient clearly understands the effect of the termination. A termination at the request of the recipient has the same effect as a termination for any other reason. That is, all benefits that attach to eligibility (e.g., State supplement, State buy-ins of SMIB premiums) may also be terminated. Note that in some States, Medicaid, food stamps, and public housing eligibility may be attached to SSI eligibility and would also terminate
(see SI 01730.125-.145).

In addition, when a recipient's request for termination of eligibility is effectuated, the recipient must file a new application to reestablish eligibility (unless there is a timely request for reconsideration). *Effective for any voluntary termination request filed after receipt of these instructions, there is a new effect of voluntary termination. The new effect is that, if a new application is filed before the 60-day appeal period for the voluntary termination initial determination expires, it will have the effect of cancelling the prior termination request. A new application filed after the 60-day appeal period expires cannot be effective before the date of filing.* (See SI 02005.001 ff. regarding proration of benefits.)

NOTE: *Under the previous instructions, which were effective for any voluntary termination request filed on or after April 1, 1982, if a new application was filed subsequent to the appeal period but before the first full month after the appeal period, its effective filing date was restricted to the first day of the month after the expiration of the appeal period. The new application would not have the effect of cancelling the prior termination request.*

Also, as a result of the "grandfathering" provisions, certain recipients who were converted from State rolls have higher income limitations (SI 00840.280-SI 00840.360) and resource limitations (SI 01150.400-SI 01150.435) than are permitted under SSI. Generally, if such a recipient is found ineligible for SSI (regardless of the reason, including voluntary termination) for more than 6 consecutive months after December 1973, he/she loses the benefits of these higher limitations (SI 00840.330, SI E00840.330, and SI 01150.425).

Take all of these factors into consideration in explaining the specific effects of the termination to the recipient.

2. ELIGIBLE COUPLE

See B. 1. above for the effects of the termination on the member of the couple who is requesting termination. In eligible couple cases, the unrestricted effective date (see C. 1. below) of the voluntary termination applies only to the recipient requesting termination. The rules of administrative finality (GN 04070.001 ff.) apply when revising the eligibility status to an eligible individual with an ineligible spouse for the member of the couple who remains on the rolls. For this reason, it may be disadvantageous for one member of a couple to voluntarily terminate his/her benefits prior to the month the eligibility status of the other member can be revised to that of an eligible individual with an ineligible spouse. Therefore, it is important that both members of the eligible couple understand the effects of the termination so that the terminating recipient will select the most favorable effective date of termination.

EXAMPLE:

A redetermination interview, conducted on May 3, 1983, discloses that John and Mary Waters, an eligible couple, could receive more money if John, who receives a Veterans Administration (VA) pension, requested termination of his SSI benefits. The couple's SSI benefits have been reduced due to the VA pension since June 1976. The SSI file contains no questioning of this issue prior to the May 3, 1983, redetermination. Under the rules of administrative finality, the oldest initial determination subject to reopening is the "deemed" initial determination of July 1, 1981. After being advised of the effects of requesting voluntary termination, John requests termination effective July 1, 1981.

Manually prepare and send an SSA-L8155-U2 (SSI Notice of Planned Action) to the member of the couple who requests termination (see F. below). Manually prepare and send an SSA-L8151-U2 (SSI No-

tice of Change), using the appropriate language in CN 00803.015 and CN 00804.001, to the member of the couple who remains on the rolls. Also see SM 01701.001 ff. for systems instructions.

C. Effectuation of Termination Request

1. EFFECTIVE DATE

Normally, the termination of eligibility is effective with the month following the month in which the recipient requested termination. Thus, if a recipient files a termination request in July 1982, the termination is effective August 1982.

In some cases, however, the recipient may specifically request that the termination be effective with a different month. If the recipient specifies an earlier month, the termination can be approved only upon full repayment or assurance of repayment of all SSI moneys (including the amount of any federally administered State supplement) that were incorrectly paid after the effective date of the requested termination (see E. below).

If the recipient specifies a later month, explain that it is SSA policy to discourage the filing of such a request more than 1 month in advance of the effective month. If, after the explanation, the recipient still insists upon filing the request for termination, accept the request and diary it for future input of the termination action.

In other cases, it will not be possible to stop the issuance of the payment for the month following the month of the request. In such case, the termination will be effective the following month unless there is repayment of the incorrect payment (see E. below).

2. REQUIREMENTS FOR TERMINATION REQUEST

Effectuate a recipient's request for termination if all of the following conditions are met:

a. The request is in writing, and applies only to the recipient's eligibility (see D. below).

b. The request for termination shows the recipient's reason for requesting the termination, specifies the month and year for which the termination is to be effective, and describes the specific effects of the termination. It states that the recipient understands that such termination may also adversely affect eligibility to other benefits resulting from SSI eligibility and that to reestablish SSI eligibility, he/she must file a new application unless he/she files a timely request for reconsideration. *Effective for any voluntary termination request filed after receipt of these instructions, it also must state that if a new application is filed before the the 60-day appeal period for the voluntary termination determination expires, it will have the effect of cancelling the prior termination request. After the appeals period expires, a new application will be effective no earlier than the date of filing.* (See SI 02005.001 ff. regarding proration of benefits.)

c. The date of termination is not a month for which SSI payments have already been made unless there is full repayment by check or money order, etc., or there is assurance of repayment of any amounts paid for those months (e.g., by agreement to have any special payments which would be payable for such months or future months under section 228 of the Social Security Act (special age-72 payments) withheld to the extent necessary to recover all SSI monies. (See GN E02220.075 E. and GN 02220.105.)

Do not effectuate a request for termination of eligibility unless the conditions shown above have been met.

D. Termination Requested by a Representative Payee

If a representative payee requests termination of eligibility on behalf of a recipient, ascertain the reason for the request. It may be that the payee is attempting to terminate his/her services as representative payee. If this is the case, see GN 00504.005 for instructions on developing a new payee. However, if it is clear that the payee wishes to terminate eligibility on behalf of the recipient, undertake development in GN 00504.205-GN 00504.220, concerning attempts to waive SSI benefits by a representative payee, before approving any such request for termination of eligibility.

Unless it is obvious that compliance with the request for termination will be advantageous to the recipient, question the payee carefully as to the reasons for such request. Patriotic, political, or religious reasons for attempting to terminate payments may be applicable only to the payee personally, and another person may be available to serve as representative payee. Termination of eligibility may have an effect on the recipient's future eligibility, and the FO should carefully explain to the payee any disadvantages resulting from termination of eligibility. When termination of payments is advantageous to the recipient, ask the payee to sign a statement as described in C.2. above. If the recipient has a representative payee because he/she is incapable rather than legally incompetent, obtain approval from the recipient (i.e., also ask the recipient to sign a statement as described in C.2. above).

When it appears that the reason for the request is questionable, ascertain the recipient's current address and the person currently exercising responsibility for his care and welfare. Inquire whether any other person has a right to act on behalf of the recipient (e.g., legal guardian, parent, or spouse) and, if so, contact this person to verify that the request is reasonable. If the request for termination of eligibility does not appear reasonable, it should be denied, and, if appropriate, substitution of payee should be considered.

E. Repayment

Any SSI payment rendered incorrect as a result of effectuation of the termination request must be repaid or assurance of repayment made before the eligibility can be terminated with respect to that month. Any such repayment may not be waived, since the request was initiated by the recipient (or his/her representative payee) with the full understanding of the consequences of such action.

Advise the recipient of the amount to be repaid and request that the entire amount be refunded (see GN 02220.105 for handling of refunds) or the checks

returned. If the recipient is unable to refund the amount and does not have the check(s) in his/her possession, discuss the possibility of repayment by withholding from title II benefits (GN E02220.075).

If full repayment or assurance of repayment is not made, terminate eligibility effective with the first month that checks can be stopped.

F. Notice of the Determination

Generally, the recipient will receive a system-generated SSI Notice of Planned Action (see SM 01305.001 O.14.). However, if a manual notice is necessary, prepare and send an SSA-L8155-U2 (SSI Notice of Planned Action) (see CN 00803.030 and CN 00804.002 V.). For eligible couple cases, see B.2. above.

The notice must specify the effective date of termination for (1) the Federal SSI payments and (2) any federally administered State supplement. If eligibility has been terminated for some month other than the month requested, the notice should briefly explain the reason for the later termination month (e.g., failure to repay any SSI amounts paid).

G. Reestablishing Eligibility

The recipient has 60 days from receipt of the SSI Notice of Planned Action to request reconsideration of the voluntary termination determination. After the 60-day appeal period, a new application is necessary to reestablish eligibility. If the recipient files a timely request for reconsideration, cancel the termination request. *Effective for any voluntary termination request filed after receipt of these instructions, if the recipient files a new application before the appeal period expires, cancel the termination request. Reestablish eligibility beginning the effective date of termination (see SM 01305.001 O.14.). After the appeal period expires, eligibility may be reestablished no earlier than the new application filing date.*

NOTE: *Under the previous instructions, which were effective for any voluntary termination request filed on or after April 1, 1982, if a new application was filed subsequent to the appeal period but before the first full month after the appeal period, its effective filing date was restricted to the first day of the month after the expiration of the appeal period. The new application would not have the effect of cancelling the prior termination request.*

02301.270 Termination After Suspension for 12 Consecutive Calendar Months

SSI eligibility terminates after suspension of eligibility for 12 consecutive calendar months (PSC T31), but only if the recipient has not reestablished eligibility. (Eligibility does not terminate after 12 consecutive months have elapsed after stop payment (see SI 02301.275).) The 12-month suspension period is 12 months from the date the suspension should have occurred rather than the date the action was taken.

Example A:

In January 1983, an SSI recipient reports an event that results in his eligibility being suspended effective August 1982. If the recipient does not reestablish eligibility and notify us of this eligibility change by the end of July 1983, eligibility terminates effective August 1983 and can only be reestablished upon the filing of a new application.

NOTE: *The suspension of eligibility is effective August 1982, the month in which the event actually occurred and not January 1983, the month the event was reported. Also, to reestablish eligibility within the 12-month suspension period, the oral or written notification of the eligibility change must be received within the 12-month suspension period and must be documented in the SSI file.*

There are, however, certain situations where termination of eligibility would not be applicable and a new application would not be necessary to reestablish eligibility. When it is found as a result of a redetermination that the recipient was not eligible during a previous 12-month period, but eligibility currently exists, a termination action is not necessary and a new application is not required to establish eligibility.

Example B:

A redetermination interview conducted in December 1982 discloses that a recipient, who is in current payment status, had a period of ineligibility from April 1981 through July 1982. The recipient was again eligible effective August 1982. No suspension or termination action has ever been taken. The recipient should be placed in suspense for the period April 1981 through July 1982; however, eligibility should not be terminated. Although the recipient is considered overpaid for the period April 1981 through July 1982, he is not considered overpaid for the period August 1982 through December 1982 (providing the payment amount is unchanged). A determination should be made concerning a penalty deduction for failure to report timely. Overpayment development should also be initiated as described in GN 02220.001 ff.

Example C:

A redetermination interview conducted in March 1983 reveals that the recipient, who is in current payment status, had a period of ineligibility from July 1981 through September 1982. The recipient was again eligible October 1982 through December 1982, and a second period of ineligibility effective January 1983. No suspense or termination action was ever taken.

In this type of situation, the recipient should be suspended for the period July 1981 through September 1982. No termination action should be taken. An overpayment should be developed for the period July 1981 through September 1982. The recipient is eligible for payment for the period October 1982 through December 1982 and therefore no overpayment could have been incurred (providing the payment amount is unchanged). The recipient is again placed in suspense effective January 1983 and the overpayment should be developed for this period. If in January 1984 the recipient is still not eligible, his/her record will be automatically terminated at this time (see SM 10800). A determination should be made concerning a penalty deduction for failure to report timely. Also, overpayment development should be initiated as described in GN 02220.001 ff.

When a redetermination is conducted and the recipient is not eligible during any part of the past 12-month period, and current eligibility does not exist, take suspension and termination action immediately.

A new application would be necessary to reestablish eligibility in the future except if:

1. The recipient files an appeal on the suspension determination and reestablishes eligibility during the appeal process (including litigation appeals to Federal courts);
2. The recipient does not file an appeal on the suspension determination but reestablishes eligibility and notifies SSA of the fact before the end of the 60-day appeal period (see GN 00201.070 B.); or
3. SSA reopens and revises the suspension determination under the rules of administrative finality (GN 04070.001 ff.), thereby nullifying the subsequent termination.

The oral or written notification of the eligibility change referred to in 2. above must be received within the suspension determination 60-day appeal period and must be documented in the SSI file. (Of course, this time frame would not be required in the reopenings referred to in 3. above.) The determination subject to appeal or reopening and revision in 1. through 3. involves the suspension issue, not the termination after 12 full consecutive months of suspension. (Reversal of the suspension would automatically remove the subsequent termination.) An unscheduled redetermination covering all eligibility months (retroactive and prospective periods) would be required in these cases (see SI 02301.300).

See GN 04070.140 and GN 04070.150 for reopening (administrative finality) instructions related to redeterminations and "deemed" redeterminations.

See SI 02301.300 for reinstatement instructions.

02301.275 Stop Payments

A. General

There are two determinations that result in stop payment even though the recipient meets the eligibility requirements: (1) lack of representative payee (payment status code S08); and (2) SSI eligible but due no payment (payment status code E01). Advance notice is not required when payments are stopped because of lack of representative payee. However, advance notice is required when a recipient's (couple's) payments are being stopped because the recipient (couple) is eligible but due no payment. *Stop-payment cases are not subject to termination on the basis of nonpayment for 12 consecutive months.*

B. Lack of Representative Payee

When the Treasury Department reports a check returned because representative payee development is required, *the system stops payment without advance notice.* The system also generates an alert to the DO to undertake payee development (see SM 01315.095). When the FO determines that a new representative payee needs to be developed (e.g., the representative payee dies or no longer wishes to act as representative payee for the recipient), the FO stops payment and develops for a new payee. Payments are stopped

beginning with the current computation month (see SM 01305.001 O.20). (However, the stop-payment period during which development for a representative payee is being conducted should not exceed 90 days, unless the recipient is under 15 years of age, legally incompetent, or a drug addict or an alcoholic (see GN 00504.001 ff.)) Although SSA is not required to provide advance notice of the interruption of payment in these representative payee situations (SI 02301.601 C.), notice to the recipient is required as discussed in 1. and 2. below. (NOTE: The notices described in 1. and 2. have been system-generated under the Posteligibility Redesign Project since August 4, 1983.)

1. WHEREABOUTS OF THE REPRESENTATIVE PAYEE IS UNKNOWN (OR ADDRESS OF REPRESENTATIVE PAYEE IS ERRONEOUS)

Upon receipt of an undeliverable check or request for information in the FO, or upon receipt of a system alert that a check has been returned and payments interrupted because the whereabouts of the representative payee is unknown or because of an erroneous address for the representative payee, immediately input to issue an SSI Notice of Planned Action (SSA-L8155-C1) to the recipient. Also, a copy of the notice will be sent to the representative payee's last known address. (If the recipient's whereabouts is unknown, see SI 02301.261.) The notice will include the following paragraphs:

"OUR RECORDS SHOW THAT THE REPRESENTATIVE PAYEE __1__ ON YOUR BEHALF IS NO LONGER ACTING AS YOUR REPRESENTATIVE PAYEE.
__2__ AS SOON AS WE CAN DETERMINE THE PROPER REPRESENTATIVE PAYEE TO __3__, WE WILL NOTIFY YOU.
__4__"

Fill-in 1:

Choice 1 - "RECEIVING PAYMENT"
Choice 2 - "ACTING"

Fill-in 2:
Choice 1 - "ACCORDINGLY, WE WILL WITHHOLD FURTHER PAYMENT BEGINNING (Month/Year) UNTIL ANOTHER REPRESENTATIVE PAYEE HAS BEEN SELECTED TO RECEIVE PAYMENT ON YOUR BEHALF."
Choice 2 - NULL

Fill-in 3:
Choice 1 - "RECEIVE YOUR BENEFITS"
Choice 2 - "ACT ON YOUR BEHALF"

Fill-in 4:
Choice 1 - "PLEASE LET US KNOW IF YOU WANT TO RECEIVE YOUR OWN PAYMENTS WHILE WE ARE MAKING THIS DETERMINATION."
Choice 2 - NULL

NOTE: *Choice 1 will be used for payment status code C01 cases. Choice 2 will be used for cases in nonpay including payment status code E01. Fill-in 4 will be omitted for drug addict/alcoholic cases.*

2. DEATH OF REPRESENTATIVE PAYEE OR PAYEE REFUSES TO SERVE

When a report is received or a check is returned because of the death of a representative payee or because the current payee refuses to continue as payee (see GN 00504.005), immediately input to issue an SSA-L8155-C1 to the recipient in accordance with the instructions in 1. above.

Since any interruption in payment may cause hardship to the recipient, it is essential that the current payee be located (see 1. above) or a new representative payee be selected as quickly as possible (see GN 00501.001 ff.). Also see GN 00504.001 about interim direct payment while a new payee is being developed. Follow the instructions in SI 02301.300-02301.305 when reinstating payment.

C. SSI Eligible But Due No Payment

Under RMA, which was effective April 1, 1982, a recipient (couple) may be eligible as a result of the eligibility test but due no payment because of the payment computation (see SI 02005.001 ff.). For example, a recipient is eligible but due no payment (payment status code E01) when the recipient's Federal LA is "D" and his/her countable income exceeds $25 ($30 beginning July 1988) but does not exceed the FBR for a Federal LA of "A" (see SI 02005.015). Prior to April 1, 1982, a recipient whose countable income exceeded $25 was ineligible due to excess income even if the countable income did not exceed the "A" FBR (see SI 02301.205 A.).

Advance notice is required when this stop payment event occurs (see SI 02301.601 and SM A01305.001 C.). Follow the instructions in SI 02301.300.-02301.305 when reinstating payment.

Reinstatement

02301.300 After Suspension of Eligibility or Stop Payment

A. General

Following a period of suspension, eligibility will be reestablished by submitted evidence which shows that the recipient again meets all of the eligibility requirements. Reinstatement is usually effective with the first day of the month in which all requirements are met or, if proration applies (SI 02005.001 ff.), with the day all requirements are met. If SSI eligibility has been terminated, see SI 02301.310. (See GN 04070.140, GN 04070.150, and SI 02301.270.)

When an individual seeks resumption of SSI payments and the record has been in nonpayment status for over 31 days, conduct a redetermination as quickly as possible before reinstating payment (see SI 02305.050).

B. Unconfirmed Eligibility

If the recipient is unable to establish eligibility for some months of the retroactive period, make a determination that the person is not eligible for those months. The appropriate payment status code to use for these periods of ineligibility is N05 (see SM 01305.001 O.4.). See SI 02301.305 about preparing the manual notice.

C. Reinstatement of Blind or Disabled Recipients

When a blind or disabled recipient seeks reinstatement after suspension for nondisability reasons or after stop payment, do not investigate whether disability or blindness is continuing unless one of the following factors is present:

1. A continuing blindness or disability issue is specifically raised by the occurrence of one or more of the events and circumstances described in in DI 13001.005; or
2. A medical reexamination diary has matured or will mature within the month following the month in which a blind or disabled recipient requests resumption of payment (see DI 13005.025).

If either of the above factors exist, conduct a continuing disability review (CDR). (See DI 13005.001-13005.080 and DI 13010.001-13010.170 for instructions on processing the CDR.) Pending completion of the CDR and a determination regarding the disability issue, payments can be reinstated for any month in which: (a) all nondisability requirements for eligibility are met; and (b) suspension of eligibility pending investigation of the disability or blindness issue would not be in order according to the criteria in DI 13010.160. However, since the reinstatement may result in an overpayment, advise the recipient of the overpayment possibility and give the recipient the option of deferring reinstatement or of having payments reinstated effective with the current month until the CDR issue is resolved.

When a disabled recipient who has impairment related work expenses (IRWE) seeks reinstatement, he/she may have to reestablish initial SSI (Federal) eligibility without use of the IRWE exclusion before the exclusion can again apply. (See SI 00840.140 and DI 10520.001 ff.)

NOTE: *See SI 02302.003 ff. for instructions regarding CDR's that are required after reinstatement for individuals eligible under section 1619(a) or (b) of the Social Security Act.*

02301.305 Suspension and Stop Payment Reinstatement Notices

A. Reinstatement

Whenever benefits are reinstated, a notice must be sent to the recipient (and representative payee, appointed representative and/or legal guardian). Most notices are systems-generated but some situations still require FO preparation of a manual notice (e.g., records in M01 or N05 payment status).

CN 00801.001-CN 00801.025, CN 00803.015, and CN 00804.300 ff. describe when a manual notice is required, the appropriate SSI Notice form to use for various situations, and the paragraphs to include in the notice. SM 01305.001 contains current systems notice processing information for reinstated cases.

B. Unconfirmed Eligibility in Retroactive Month(s)

During a redetermination, if a recipient is found ineligible for a month(s) due to unconfirmed eligibility (N05), a manual notice must be issued. Prepare an SSA-L8151-U2 if the recipient is eligible for an ongoing rate equal to or greater than the last payment rate. An SSA-L8166-U2 is sent if the ongoing rate is less than the last payment rate. The notice must explain all changes in eligibility during the period being adjudicated, including any periods for which the recipient is unable to confirm eligibility. The latter paragraph should read as follows:

> "Since you have not provided the information we need to determine your eligibility for (month/year), we have determined that you are not eligible for that period."

02301.310 After Termination of Eligibility

A. General

After eligibility has been terminated, a new application is required to reestablish eligibility. Proration applies to any application which is effectively filed after October 1, 1982 (see SI 02005.001 ff.). Subsequent award of payment can be effective no earlier than the date (day) of filing. Prior to proration, subsequent award of payment was effective no earlier than the month of filing. (For exceptions to the requirement for a new application once eligibility is terminated, see SI 02301.270.)

Also, consider whether the prior determination of ineligibility may be reopened under the rules of administrative finality (see GN 04070.001 ff.).

B. Reinstatement of Blind or Disabled Recipients

Once a blind or disabled recipient's eligibility is terminated, a new application and new disability/blindness determination are necessary to reestablish eligibility. However, if eligibility is terminated because of a nondisability issue (e.g., suspension due to excess resources for more than 12 consecutive months), see SI 02301.270 for exceptions to the requirement for a new application. If a new application is not required to reestablish eligibility according to SI 02301.270, see SI 02301.300.C. to determine if a CDR should be conducted.

02301.315 After Erroneous Death Termination

A. Operating Policy

When a recipient's payments are incorrectly terminated because of an erroneous death report or transmission error, reinstate the benefits as quickly as possible. The required action depends on the cause of the error.

1. ADMINISTRATIVE ERRORS

If the death termination was the result of an obvious keying error or the death of the recipient was transmitted rather than the death of his/her payee, retransmit with the correct information. Payee development may be necessary (see GN 00504.110 ff.).

2. DEATH REPORT ERRONEOUS

If the reason for the erroneous death termination was an incorrect death report or cannot be determined, develop according to B. below.

B. Operating Procedures

Conduct a face-to-face interview with the alleged recipient and document proof of identity in all cases, including those involving representative payees, where the erroneous death termination was not for one of the reasons cited in A.1. above. If the beneficiary is incapacitated (e.g., confined to bed or a resident of a public institution, etc.), a field visit should be conducted.

1. PROOF OF IDENTITY

a. Acceptable Proof

- Driver's license;
- Other photo-identification;
- Work pass;
- Organization membership card;
- Voter's registration card;
- Credit card;
- Hospitalization card;
- Receipt;
- Cancelled checks; or
- Other document which contains reasonable proof of identity.

b. Proof Not Available

Ask the individual for information the recipient should know (e.g., date of birth, amount of last SSI check, or other information) that can be verified by office records.

Record the response on an SSA-795.

2. REINSTATEMENT DETERMINATION

Prepare a determination using an SSA-5002 or SSA-553. Describe the reason(s) for the death termination and pertinent facts supporting reinstatement or continued termination of SSI payments.

3. MANAGEMENT REVIEW

An operations supervisor or other management official must review the case, sign, indicate management title, and date the determination.

If benefits are reinstated, management authorization is also required on the system input document (SSA-1719B/SSA-1719C). (See SM 01301.378 D. and SM 01701.245 for systems transmission instructions.)

C. Related Policy

1. CONCURRENT TITLE II/TITLE XVI

Use the title XVI procedures for developing reinstatement after an erroneous death in a concurrent title II/title XVI case.

2. DEATH ALERTS

See GN 02602.192 for processing title XVI death alert cases.

3. UNSCHEDULED REDETERMINATION

See SI 02305.050 B. for cases requiring an unscheduled redetermination.

Recipient Reporting

02301.400 Recipient Reporting and Acceptability of Reports

A. General Policy Statement

SSI recipients or their representative payees are responsible for reporting expeditiously any event which would affect the recipient's eligibility or payment amount. Recipients who are adjudged legally incompetent are not responsible for reporting such events, although their representative payees are.

A penalty may be assessed against a recipient when an event which affects SSI eligibility or payment amount is not reported timely (see SI 02301.500 for further discussion). A recipient or representative payee may also be liable for an overpayment resulting from failure to report timely (see GN 02205.701 ff. for an explanation of how SSI overpayment liability is determined).

Initiate action on any first party report regarding an event that affects a recipient's SSI eligibility or payment amount. Apprise the recipient or his/her payee of any third party report before it is acted upon. An explanation of what constitutes an acceptable first party or third party report is given in SI 02301.400 F.

B. Instructions on Recipient Reporting Responsibilities

Give SSI recipients and representative payees specific instructions regarding reporting responsibilities during every interview they have with SSA (initial claim interview, redetermination interview, or other posteligibility interview). Include a reminder that the recipient (unless he/she has been adjudged legally incompetent) or his/her representative payee is legally responsible for reporting events which affect the recipient's eligibility or payment amount. Give specific instructions on what information a report should contain and how it should be made (see SI 02301.400 C.). Explain the time limits for making a report and the consequences of a late report (see SI 02301.400 D). Finally, tell the recipient/payee all the events which should be reported and their effect on eligibility and payment with emphasis on the recipient's particular circumstances.

The following list includes changes in events that recipients must report in general terms; it does not elaborate on the specifics of an event. For example, item 5. concerns resources in general. The interviewer should discuss the recipient's specific resources in detail, e.g., checking and savings accounts, by referring to the appropriate sections in SI 01110.001 and SI 01130.000 ff.

Events to be reported are:

1. A change of the recipient's mailing address or residence (including any visits to another's household longer than 1 calendar month) (GN 02605.030 and SI 00835.040 and SI 02305.092);
2. A change in the composition of the household in which the recipient lives; e.g., someone moves from or into the recipients' dwelling, (SI 00835.510 B.);
3. A change in the income, either earned or unearned, received by the recipient (however, any cost-of-living (COL) increase in the recipient's title II benefit does not have to be reported) (SI 00810.001 ff.);
4. A change in the income, both earned and unearned (including COL title II increases), received by the recipient's:
   a. Ineligible spouse, if she or he is living with the recipient;
   b. Essential person(s);
   c. Parent(s), if the recipient is an eligible child living with his/her parent(s);
   d. Sponsor, if the recipient is an alien; and/or
   e. Ineligible child(ren) or the parent's ineligible child(ren) living in the recipient's household if the recipient is subject to deeming (SI 00850.001 ff.);
5. The acquisition or disposition of resources or the appreciation or depreciation of resources held by the recipient (SI 01110.001 and SI 01140.000 ff.) or the recipient's:
   a. Ineligible spouse, if he or she is living with the recipient;
   b. Essential person(s);
   c. Parent(s), if the recipient is an eligible child living with his/her parent(s);
   d. Sponsor, if the recipient is an alien;
6. Any eligibility a recipient may have for other benefits, such as VA benefits (SI 00510.010 ff.);
7. A change in the marital status of the recipient; i.e., marriage, divorce, annulment, or separation (SI 00501.150);
8. A change in the marital status of a parent living with an eligible child recipient; i.e., marriage, divorce, annulment, or separation (SI 00850.010 C. and SI 00850.040);
9. The marriage of an ineligible child who lives in the recipient's household if the recipient is subject to deeming (SI 00850.040);
10. Any improvement in the medical condition which was the basis for eligibility of a blind or disabled recipient (DI 22001.001 ff.);
11. Refusal by the recipient to accept or to continue vocational rehabilitation services (SI 00501.020 and SI 02301.250);
12. Refusal by a recipient identified as a drug addict or alcoholic to accept treatment at an approved facility or the discontinuance of such treatment (DI 11060.055 and SI 02301.255);
13. The admission or discharge of a recipient from an institution (e.g., a hospital, skilled nursing facility, intermediate care facility, public institution, or private institution (SI 00520.001);
14. A change in the school attendance of an ineligible child who is at least age 18 but less than 21 and lives with a recipient who is subject to deeming (SI 00850.050);
15. Change in school attendance of an eligible child if student earned income disregards apply (SI 00840.100);

16. The recipient temporarily leaves the United States for 30 or more consecutive days or for a full calendar month (GN 00303.120, SI 00501.020, and SI 02301.215);
17. The recipient abandons residence in the United States or is deported (SI 02301.225-SI 02301.230);
18. The death of the recipient or the recipient's spouse, representative payee, sponsor, or any other person living in the recipient's household (including the parent(s) of an eligible child) (SI 02301.200); and/or
19. Any event (in addition to the death of the representative payee) that would require a change of representative payee (GN 00502.001 ff.).

Stress reporting instructions for any event relevant to a recipient's circumstances. For example, if a recipient is being charged with in-kind support and maintenance, thoroughly explain what events may cause a change in the amount of support and maintenance charged to the recipient.

C. Content and Delivery of a Report

Give instructions on what information to include in a report and how a report should be made. All reports must include:

1. The name and Social Security number of the recipient;
2. The name of the person about whom the report is being made;
3. The event being reported and the date it occurred; and
4. The name of the reporter.

Recipients may report in writing (on SSA forms or their own stationery), by telephone, or face-to-face interview at any social security office.

Other suitable methods of reporting; e.g., telegram or cable, are also acceptable.

D. Late Reports and Their Consequences

Any report of an event which is not submitted within 10 days after the close of the calendar month in which the event occurred will be considered late. A report by mail is timely if postmarked on or before the 10th of the month following the month in which the event occurred. A penalty will be assessed against a recipient for a late report unless there is good cause for relief from the penalty (see SI 02301.500 for an explanation of penalties). Additionally, late reports may create overpayments which the recipient or representative payee may have to repay (see GN 02205.701 ff. for a discussion of overpayment liability).

E. Reporting Forms and References

Form SSA-8150-EV, "Reporting Events—SSI," is the primary reporting form (see SI 02301.405). This form is given to recipients or representative payees after SSI interviews (initial claims, redetermination, and posteligibility). The recipient or representative payee may use the form as a reference for reporting instructions and also to report listed changes since the form can be folded into a postage-paid, preaddressed envelope.

The SSI application (SSA-8000 BK) has a detachable reporting responsibility reminder form. It is torn off and given to the applicant at the end of the initial claim interview (see GN 00205.435).

Regionally developed recipient reporting reminders may also be given to recipients during any SSI interview. However, these forms can only supplement, not replace, reporting reminders developed for national use.

Additionally, the booklet, *What You Have to Know About SSI* (SSA-77-011011), is mailed to claimants upon notification of eligibility. Both the booklet and the tear-off sheet can serve as references, although neither can be used as a reporting tool like the SSA-8150.-EV

F. Acceptability of Reports

The FO may receive various types of reports affecting a recipient's eligibility or payment amount. Not all of these reports can be acted upon. Use the following guidelines to determine when to act upon a report.

1. FIRST PARTY REPORTS

Any clear, complete first party report can be acted upon as long as normal verification procedures in SI 00501.500 have been followed. The following are considered first party reports; any report not listed here should be considered a third party report:

a. Any report pertaining to a recipient's circumstances made by the recipient, the recipient's living with eligible spouse, or by a representative payee, legal guardian, or sponsor, of either;
b. Any report pertaining to a recipient's circumstances made by the recipient's, "agent" as defined in SI 00810.120; or
c. Certain changes resulting from electronic interface (see SI 02310.005); or
d. A report by a public institution or title XIX institution that a recipient has been admitted to or released from the institution, or a report by the government agency (e.g., State agency, county agency) responsible for monitoring the recipient's stay in the institution. A report from such an institution or agency that does not pertain to the recipient's institutionalization (e.g., sale of a home while he/she is residing in the institution) should be considered a third party report, unless the institution or agency is the representative payee.

Before acting upon any first party report, be sure the report is complete and accurate. For example, if a letter in which a recipient reports an event is not understandable, contact the recipient to obtain complete information concerning the event.

A redetermination is required if the reported event is one of those listed in SI 02305.050 B. unless the change will result in suspension or termination. Any other development required by POMS instructions should also be completed.

2. THIRD PARTY REPORTS

Any report made by a party that is not listed in 1. above is a third party report.

Any third party report must be verified with the recipient before it is acted upon. If the reported event is one of those listed in SI 02305.050, conduct an unscheduled redetermination.

For all other events, contact the recipient or representative payee by telephone, mail, or in person and explain the reported event and its effect on the recipient's eligibility or payment amount. (Make this contact regardless of whether the report is favorable or adverse to the recipient.)

If the recipient agrees with the third party report, treat it as a first party report and act upon it immediately. Obtain additional development or verification from the recipient or representative payee. Once this has been done, take the proper action (e.g., suspension, termination) subject to the *Goldberg/Kelly* provisions.

If the recipient disagrees with a report, ask the recipient to provide evidence supporting his/her allegation. Make the request in writing. If the recipient does not answer within 30 days of the date of the request, suspend the recipient for failure to provide requested information (after following the procedures in SI 02301.260). If the recipient provides evidence that confirms the allegation, disregard the third party report. If the evidence does not confirm the recipient's allegation, take necessary action (e.g., reduce, suspend, or terminate payments).

NOTE: *Whenever the FO processes a report that is adverse to a recipient, Goldberg/Kelly rights must be given to him/her (see SI 02301.600) even if the report was made or verified by the recipient.*

02301.405 Exhibit of Form SSA-8150 EV, Reporting Events—SSI

Form Approved OMB No.0960-0128

REPORTING EVENTS — SSI
USE THIS FORM ONLY WHEN THERE IS A CHANGE TO REPORT

PRINT NAME OF PERSON (OR COUPLE) THAT THIS REPORT IS ABOUT

NAME ▶ _____ SOCIAL SECURITY NUMBER ▶ ___ ___ ___ | ___ ___ | ___ ___ ___ ___

NAME ▶ _____ SOCIAL SECURITY NUMBER ▶ ___ ___ ___ | ___ ___ | ___ ___ ___ ___

▶ DOES THIS PERSON(S) ALSO RECEIVE SOCIAL SECURITY (GREEN) CHECKS? (CHECK ONE) ☐ YES ☐ NO

NOTE: CHECK AND COMPLETE ONLY ITEMS THAT HAVE CHANGED SINCE YOU LAST REPORTED TO SOCIAL SECURITY.
Check the blocks below to tell about changes for Yourself or Someone You Live With.

CHANGE OF ADDRESS (OR LIVING ARRANGEMENTS)	DATE OF CHANGE
☐ Moved or changed address or will move soon. (Print new address at bottom of form.)	Date
☐ Entered or left an institution (such as a hospital, nursing home, jail, or other facility — Print new address at bottom of form)	Date
☐ The number of people living in the same household as you has changed (or will soon)	Date
☐ Leaving the United States for 30 days or more	Date
CHANGE IN INCOME	
☐ Change in earnings from work (or a job recently started or ended)	Date
☐ Received increase or decrease in pension, veteran's check, unemployment, railroad, or other payment	Date
☐ Getting more or less other income (such as someone else paying your bills, support payments, interest, dividends, gifts, inheritances, etc.)	Date
CHANGE IN RESOURCES	
☐ Have recently gotten a house, car, or other expensive item	Date
☐ No longer have a house, car, or other expensive item	Date
☐ Name has been added to another person's bank account, stocks, or bonds	Date
CHANGES AFFECTING DISABLED OR BLIND RECIPIENTS	
☐ Disabled or blind - condition improved	Date
☐ Drug addict or alcoholic - stopped treatment for condition	Date
OTHER CHANGES	
☐ Marriage, separation, divorce, annulment	Date
☐ Under age 22 - change in school attendance	Date
☐ Death	Date

REMEMBER TO REPORT CHANGES FOR BOTH YOURSELF AND ANYONE YOU LIVE WITH

SIGN YOUR NAME ▶ _____ DATE SIGNED _____

NUMBER AND STREET APARTMENT NO P O BOX OR RURAL ROUTE (Print)

CITY AND STATE | ZIP CODE | COUNTY (If any) | TELEPHONE NUMBER (If any)

▶ ALTHOUGH I LIVE AT THE ABOVE ADDRESS, I WANT CHECKS SENT TO

NUMBER AND STREET APT NO P O BOX OR RURAL ROUTE

CITY AND STATE | ZIP CODE

Form **SSA-8150 EV** (6-81)

FOLD THIS GUMMED FLAP

Form SSA-8150 EV (Reverse)

HOW TO REPORT

There are three ways to report:

1. Phone Social Security and explain the change

   Tel. No. _____
   of District Office

2. Visit Social Security.

3. Mail this form to Social Security. Make sure you fill in:

- **Name** of person(s) the report is about
- **Social Security Number** of person(s)
- Whether person(s) also receives **Social Security** (green) checks
- **What** is being reported and **date** of change
- Your **signature and address**

If you mail your report, please use this reporting form, address it to the nearest Social Security office, and place the form in the mailbox. No postage is necessary.

NOTE: REMEMBER TO TELL US WHEN YOU MOVE EVEN IF YOUR MAILING ADDRESS FOR CHECKS HAS NOT CHANGED.

DEPARTMENT OF
HEALTH AND HUMAN SERVICES
SOCIAL SECURITY ADMINISTRATION
BALTIMORE, MARYLAND 21235

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, $300

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO 1844 BALTIMORE MD

POSTAGE WILL BE PAID BY SOCIAL SECURITY ADMINISTRATION

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

Form SSA-8150 EV (6-81)

Use this form ONLY when there is a change to report to Social Security.

Open flaps of this form and read how to fill out this form.

After you have filled in the change(s) you want to report, seal the flap on form, AND MAIL TO THE NEAREST SOCIAL SECURITY OFFICE. NO POSTAGE IS NEEDED.

IMPORTANT TO REPORT

The law* requires you to report changes in your circumstances which could affect your Supplemental Security Income (SSI) payment. The kinds of changes you must report to Social Security are listed on the inside of this form (open flaps). The booklet "What you have to know about SSI," tells more about reporting changes. If you do not have this booklet or if you need help in making a report, get in touch with any Social Security office. The people there will be glad to help you.

FAILURE TO REPORT

Your SSI payment may be reduced by up to $100 for each failure to report a change affecting your SSI payment. You are also subject to a fine or imprisonment or both if you knowingly make a false statement or knowingly conceal or fail to disclose an event.

INFORMATION CONFIDENTIAL

The information you give us on this form will be used to determine if you are still eligible for SSI payments and to make sure the amount of your SSI check is correct. Under certain limited conditions authorized by law or regulation, Social Security may disclose this information to another individual or government agency in order to:

- verify information you have given us about your eligibility to payment,
- facilitate our statistical research and audit activities,
- obey Federal laws which require us to exchange certain information with another agency such as the State Welfare Departments for their use in determining eligibility for Medicaid or social services.

* Section 1631 (e) of the Social Security Act, as amended (42 United States Code 1383)

Penalty Provisions

02301.500 Penalty Provision for Failure to Report Timely

A. General

Section 1631(e)(2) of the Act provides that a penalty deduction shall be imposed against a recipient who fails to submit a timely report of events which affect eligibility for, or amount of, SSI payments. The penalty deduction will be withheld from a recipient's Federal SSI payments when all the following conditions apply:

1. The recipient fails to file a timely report (see B.1 below) of any event which adversely affects payment amount or eligibility (see SI 02301.400 and SI 02301.505.B when representative payment is involved);
2. The event which was not reported timely causes the recipient's payments to be reduced, suspended or terminated for a reason other than the death of the recipient;
3. An SSI payment for the penalty period (see B.2. below) was received and accepted, and caused an excess payment of Federal SSI benefits (whether or not an overpayment determination has been made);
4. The recipient was not without fault, and good cause for the failure or delay cannot be found (see B.3. below).

When a penalty is required, any Federal SSI payments which are, or which may subsequently become, payable will be reduced in the amount of $25 for failure or delay in submitting timely report(s) for the first penalty period, $50 for the second penalty period, and $100 for the third and each subsequent penalty period.

B. Definitions

1. TIMELY REPORT

For purposes of the penalty provision, a report of an event that adversely affects payment amount or eligibility is timely if SSA is notified of that event within 10 calendar days after the end of the calendar month in which the event occurs. A mailed report is considered timely if it is postmarked within the 10-day limit.

NOTE: *Whenever a report is received which may affect eligibility or payment amount, that report should be acted upon as soon as possible. See SI 02301.400.F. for the definition of first party and third party reports and development/verification procedures to be undertaken for each type. Due process rights (i.e., Goldberg v. Kelly procedures) must be observed in all cases, whether the notice is manual or systems-generated. (Normally, reports received via an electronic interface should require no DO/BO actions.)*

2. PENALTY PERIOD

The penalty period is a specified period of time for which a penalty deduction may be imposed. Although multiple events may occur and multiple excess payments may be made during a penalty period because a report was not made timely, only one penalty deduction may be made for each penalty period (i.e., $25 for the first period, $50 for the second, and $100 for each subsequent penalty period).

The first penalty period begins with the date of application for title XVI payments. It ends with the date SSA first becomes aware of the occurence of a reportable event which was not reported timely, and which eventually results in the imposition of a penalty deduction. For example, if the requirements for "good cause" are met, or no excess payment was cause by the untimely report, no penalty will be assessed, and the period continues to the date on which SSA becomes aware of an overdue report which results in a penalty deduction.

The second penalty period begins with the day after the first penalty period ends. It continues until the date of discovery of the next overdue report which will result in a penalty deduction.

The third and any subsequent penalty period starts with the day after the prior penalty period ends and continues to the date on which overdue reports are discovered which result in a penalty deduction.

3. GOOD CAUSE

Good cause for relief from penalty exists if SSA determines that the recipient was without fault in the failure to file a report timely or if the delay in making a timely report was not willful. See SI 02301.515 for the criteria to use to determine whether good cause exists. When there is a representative payee, see SI 02301.400.

4. WITHOUT FAULT

Without fault, for purposes of deciding whether a penalty should be imposed for failure to file a timely report, is determined under the same rules for deciding whether recovery of an SSI overpayment should be waived (GN 02260.001 ff.).

5. WILLFUL FAILURE

Willful failure to file a timely report means that the person intentionally failed to report, or caused delay in the report, with full knowledge that he/she should have made a timely report. It involves actual knowledge of the existence of an obligation to report certain events and the intent to evade that obligation.

02301.505 When to Consider a Penalty Deduction

A. General

A penalty deduction applies only when all four conditions in SI 02301.500.A. are met. If any one of the first three conditions is not met, the provision does not apply and it is not necessary to develop good cause for relief from the penalty deduction. If all of the first three conditions are met, a penalty deduction will be imposed unless good cause exists for relief from the penalty.

In some cases, the excess payment may be balanced by an amount still due which equals or exceeds payment

amount (see GN 02001.715.C). In such cases, no overpayment determination is necessary. However, it is still necessary to determine whether a penalty deduction will be imposed; i.e., if a recipient's failure or delay in reporting a change in circumstances causes the agency to make an excess payment, the penalty provision will apply unless good cause exists.

Example:
A recipient in FLA-B fails to report an increase of $8.00 per month in a foreign pension. The DO learns of the pension change a year later when the recipient reports a change in living arrangements that would allow an FLA-A effective 5 months ago. The underpayment due to the LA change is greater than the excess payment from the pension increase, so there would be no overpayment determination. However, the recipient could still be subject to a penalty deduction unless good cause for the failure to report timely can be found.

B. Penalty Deduction in Representative Payee Cases

The penalty provisions apply to a recipient with a representative payee only if that recipient has been deemed incapable per GN 00501.003.D.3. In other words, a recipient who has been medically determined to be a drug addict or an alcoholic (and therefore must have a representative payee) is still responsible for reporting events and changes which can affect SSI eligibility and/or payment amount.

Failure of a representative payee to make a timely report of an event which results in an excess payment to a recipient requires an evaluation of the suitability of that person or agency to continue to function as a representative payee (see GN 00502.000 ff. and GN 00504.000 ff.). Such an evaluation should be undertaken even if the representative payee is a parent, spouse of a parent, or spouse who has failed to make a timely report of changes in income, resources, or household composition. Perform the evaluation after the penalty development is completed, document it in the file, and take whatever action is appropriate.

C. Penalty Deduction in Couple Cases

In the case of an eligible couple, it is possible for two penalty deductions to be imposed for the same penalty period. If the change in circumstances causes an excess payment to both members of a couple, both are subject to a penalty (see example 1 below). If good cause is found for only one member of a couple, the other member may still be subject to a penalty. In this latter case, only one penalty may be imposed even though the failure to make a timely report causes an excess payment to both members (see example 2 below).

Example 1.
James and Mary Hudson, an eligible couple, entered a nursing home which received substantial Medicaid payments on their behalf on February 8, 1982. This change was not reported to the DO until July 1982. Failure to make a timely report resulted in an excess payment to both members of the couple. Since both were responsible for reporting the event, both are subject to a penalty deduction unless good cause is established.

Example 2.
Frank and Sally Maxwell received payments as an eligible couple. They had excess income during the first quarter of 1981 because of Mr. Maxwell's earnings during February 1981. No report of the excess income was made until June 1981. The excess income caused an excess payment for both members of the couple. During the overpayment interview, the DO found that Mr. Maxwell had told his wife he was never paid for the work he performed during February 1981. Since Mrs. Maxwell had no knowledge of her husband's income, good cause was established for her failure to file a timely report and no penalty deduction applies to her payment. However, it was found that good cause did not exist for Mr. Maxwell's failure to make a timely report and that the penalty deduction does apply in his case.

D. Penalty Deduction in Sponsor/Alien Cases

Under the provisions of P.L. 96-265 (section 1621 of the Social Security Act), during the first 3 years after his/her entry into the United States, an alien recipient is responsible for providing to SSA "such information and documentation with respect to his sponsor as may be necessary in order . . . to make any determination" of SSI eligibility and/or payment amount, " and to obtain any cooperation from such sponsor necessary for any such determination." The sponsor and the alien are jointly liable for repayment of any overpayment to the alien resulting from the sponsor's failure to provide correct information under the provisions of this section, unless the sponsor was without fault or good cause for such failure exists.

In terms of the penalty provisions, this means that the alien recipient must report any changes in the sponsor's (or the sponsor's spouse's) income, resources, or marital status that affect the alien's SSI eligibility and/or payment amount, or must see to it that the sponsor (or sponsor's spouse) reports any such change to SSA. If a change in the sponsor's income, resources, or marital status is not reported timely (see SI 02301.500.B.1) and the change results in a reduction, suspension, or termination of the alien recipient's payments, a penalty deduction will be applied to the alien recipient (not to the sponsor) when the alien recipient is not "without fault" in connection with the overpayment.

02301.506 When Penalty Deduction Does Not Apply

A. No Federal Excess Payment

An excess payment of Federal benefits (GN 02201.715) for the penalty period must have occurred in order for a recipient to be subject to a penalty deduction. A penalty deduction cannot be imposed against a

recipient whose failure to file a timely report caused excess payments consisting solely of State supplementary payments. However, if the excess payment includes *any* Federal SSI payments, a penalty deduction will be imposed unless good cause exists for relief from the penalty. Even if the amount of the Federal excess SSI payment is less than the amount of the penalty deduction, a penalty deduction may be imposed.

B. Without Fault Established

If an excess payment did occur and the recipient is found to be without fault for the purpose of waiving recovery of the overpayment (GN 02260.001), good cause also exists for relief from a penalty. Thus, before a penalty deduction can be imposed, it must be determined whether an SSI excess payment occurred and whether the recipient has established good cause for relief from a penalty. Existence of good cause will preclude a penalty deduction even though recovery of the overpayment may not be waived because recovery will not defeat the purpose of title XVI, nor be against equity or good conscience, nor impede effective or efficient administration of title XVI.

C. No Current Federal SSI Payment

A penalty deduction cannot be collected from a recipient whose current payments consist solely of a State supplement. The law provides that a penalty deduction is to be imposed by reducing any Federal SSI benefits which may subsequently become payable. Thus, for cases in which a penalty is imposed against a person who is not in current Federal SSI payment status, the actual penalty deduction cannot be effectuated until the person returns to current Federal SSI payment status.

For cases in which good cause for relief from a penalty is not established and the claimant is not in current Federal SSI payment status, the DO should make a determination to impose a penalty and give written notice with appeal rights to the recipient which shows that the penalty will be deducted from any Federal SSI payments which may subsequently become payable (SI 02301.520). The DO should make input to the system (using the case characterisitics (CG) field) to record the fact that a penalty applies (see SM 13795.5.A). If the claimant goes back into Federal SSI payment status, a review of the CG field by the DO will alert the DO that the penalty decision must be input to the system to effectuate the penalty deduction at that time. If a determination to impose a penalty is reversed on appeal, or good cause for failure to report timely is found, the penalty data should be removed from the CG and CO fields.

02301.510 Penalty Provision Interview

Whenever possible, good cause for late reporting of an event which causes an excess payment should be developed at the time the late report is made. If the report is made under circumstances not permitting such development (e.g., a telephone report to a TSC, a mailed report, etc.), good cause development can be deferred until the overpayment interview. In those cases where an excess payment may not cause an overpayment (see example in SI 02301.505.A), a personal contact should be made for the penalty interview. preferably in the DO/BO. A penalty interview should be conducted by a CR or higher level DO/BO employee; in the DO/BO, late report interviews initiated by SR's should be transferred to a CR for good cause development.

Unless it is clear that at least one of the conditions in SI 02301.500.A is not met, the interviewer should inform the recipient about possible imposition of a penalty deduction. When it can be determined during the interview that the recipient was without fault for an untimely report, or that the delay in reporting was not willful, it will be found that good cause exists for relief from the penalty. Document this finding on an RC for the file, and orally advise the recipient of it. In addition, question number 2 in part II, Disposition Determination, of the SSA-8108 (SSI Overpayment and Disposition Determination) should be checked "No." In the case of a couple, complete an SSA-8108 and an RC for each member. If the late report concerns a medically determined drug addiction or alcoholic, a contact with the recipient is necessary, since he/she is responsible for reporting events; complete an RC and an SSA-8108 as above.

The interviewer should explain to the recipient the reporting requirements and the recipient's responsibilities in fulfilling these requirements. This explanation should be documented on an RC for the file. In case of a subsequent failure or delay in reporting, this RC will be essential in determining whether good cause exists.

Since the penalty provisions cannot apply in the absence of an excess Federal payment, a penalty will generally be assessed at the same time an overpayment determination is made (the excess payment must have been made during the penalty period, of course). The DO/BO should, when possible, obtain enough information prior to release of the overpayment notice to make a determination of good cause for relief from the penalty deduction. In most cases, this will permit the DO/BO to make a good cause determination without the need for another recipient contact. The DO/BO should not, however, unreasonably delay sending the overpayment notice solely for development of good cause.

02301.515 Determining Good Cause for Relief from a Penalty

A. General

Good cause for relief from a penalty exists if SSA determines either that the recipient was without fault in the failure to file a timely report or that the recipient's delay in making a timely report was not willful.

B. Without Fault

Without fault, for purposes of deciding whether a

penalty should be imposed for failure to file a timely report, is determined under the same rules for deciding whether recovery of an SSI overpayment should be waived (GN 02260.001 ff.). If the recipient is found to be without fault with respect to waiver of recovery or adjustment of an overpayment, good cause is established for failure to make a timely report, even in those cases in which an overpayment must be recovered because the recipient does not meet the other criteria described in GN 02260.001 A. For these cases, the evidence which establishes that a person is without fault will be sufficient to establish that a penalty deduction does not apply. However, if a recipient is not without fault, additional information may be necessary because good cause may still exist if the recipient's failure to file a timely report was not willful. (See SI 02301.516-SI 02301.518.)

C. Willful Failure

To establish willful failure to file a timely report, the evidence must show that the recipient intentionally failed to file such a report with full knowledge that he or she should have done so (see definition in SI 02301.500 B.5.). If willful failure to file a timely report exists, fraud development may be appropriate (see SI 02301.517 and GN 04101.001 ff.).

02301.516 Willful Failure and Fraud Development

The types of circumstances which lead to the imposition of a penalty deduction and those which lead to fraud development are similar and frequently overlap (i.e., a recipient who has committed a violation of the reporting requirements serious enough to warrant imposition of a penalty may also be subject to fraud charges under criminal provisions of Federal law). However, not all penalty cases can be categorized as fraud cases. Both penalty and fraud provisions are intended to protect the integrity of the SSI program. The former, however, is an administrative action, with relatively small punishment, while the latter leads to judicial actions involving more stringent punishments. Therefore, fraud development and referral to the Office of Investigations (OI), are not required in every case in which a penalty deduction is imposed. The guidelines and tolerances in GN 04110.001 ff. (especially GN 04110.005) are intended to be used to screen out those potential violation cases for which referral to the OI is not required because prosecution is unlikely. In difficult cases, contact OI for information and advice on how to proceed.

02301.517 Establishing Willful Failure

A. General

In most cases, the information obtained to make a determination of fault will be sufficient to provide a basis for determining whether the failure to file a timely report was willful. Determinations of without fault or willful failure to file a timely report both consider the individual's understanding of reporting requirements, agreement to report events which affect payments, knowledge of events that should be reported, efforts to comply with the reporting requirements, the ability to comply with the requirements (e.g., comprehension, memory, physical and mental condition), prior overpayments due to similar events, and the credibility of the recipient.

In all situations involving overdue reports, the information about whether good cause exists for relief from a penalty should be included on an SSA-5002. If the recipient does not assist the DO in establishing whether good cause exists for relief from the penalty deduction, and the DO cannot make a determination that good cause does exist, it will be presumed that good cause does not exist. For such cases, a penalty deduction is applicable. However, the recipient has the right to appeal the decision to impose a penalty. If the recipient does appeal, he may present evidence which will establish good cause at that time.

NOTE: *The determination to impose a penalty deduction is distinct from the overpayment determination; they are two separate issues. If a person does not appeal the overpayment determination, collection can proceed even though the penalty deduction is appealed.*

In cases in which a recipient admits that he/she willfully failed to file a timely report of an event or events which resulted in excess payments, a signed statement from the recipient should be obtained on an SSA-795 (State of Claimant or Other Person). If fraud development is appropriate, OI should be notified. If the recipient has admitted that he/she willfully failed to report an event which resulted in excess payments, it may be necessary to question the recipient about the commission of a potential violation. Such an interview should be documented on a Form SSA-1760 (Voluntary Statement). Due to the sensitive nature and technical requirements of such an interview, it is advisable to contact the OI before conducting the interview (see Subsection D., Example 1, below).

B. First Potential Penalty Situation

In evaluating the evidence in first untimely report situations, an individual's statements may be considered acceptable if the statements are reasonable and consistent with any corroborative evidence received. For such situations, the DO should not conclude that there was willful failure to make a timely report unless:

1. It is clear that the recipient was aware of the reporting requirements, had the ability to comply with them, and intentionally, knowingly, and purposely failed to comply (e.g., an overpaid recipient admits trying to avoid the consequences of an event by not reporting it timely); or
2. The recipient refuses to cooperate with or assist the DO in development of good cause for relief from a penalty deduction.

C. Subsequent Potential Penalty Situations

For second and subsequent situations of overdue reports, the burden of establishing that willful failure does not exist rests with the recipient, unless the DO is aware of mitigating circumstances (e.g., the recipient's inability to remember or to follow instructions). Because of the interviews and explanations necessary for the previous overdue reports, there exists in such cases

the rebuttable presumption that the recipient is fully aware of the reporting requirements and how to comply with those requirements. This presumption is expecially firm in situations involving a failure to report timely an event similar to any previous event not timely reported.

D. Examples

Example 1:

Robert Crosley began working in his brother's automobile repair shop in June 1986. He asked his brother not to report his wages so that he could continue to receive his full SSI payments. In March 1987, the DO received an anonymous letter stating that Robert had been seen regularly working in the shop. When development was initiated (per SI 02301.040 F.), and Robert came to the DO, he admitted that he was aware of the reporting requirements and willfully failed to comply with them. There is no question about his ability to comply with the requirements. Thus, good cause cannot be established. In addition, fraud development may be appropriate (see GN 04110.001 ff., especially GN 04110.005).

Example 2:

Grace Overland is an SSI recipient who has limited intelligence. She is well known in the DO because of frequent misunderstandings of simple instructions. She is her own payee because she has not been determined to be incapable and is able to function on a marginal basis. Grace received an inheritance of some furniture, valued at $3,500, in March 1986. This came to the attention of the DO during a redetermination interview in February 1987. At the interview, Grace stated she was aware of the reporting requirements. However, the DO interviewer is familiar with Grace's history and concludes that Grace is making the statement merely to show that she is able to handle her own affairs. In this case, good cause may be found to exist and a penalty deduction is not applicable.

02301.520 Penalty Provision Notices

A. General

A determination to impose a penalty deduction is an initial determination which requires written notice to the recipient. The notice must state the basis for the determination and provide an opportunity for reconsideration of that determination.

A determination that a penalty deduction will not be imposed is not an initial determination. Appeal rights are not afforded the recipient. A written notice is not required unless the recipient was told previously, orally or in writing, of the possibility of a penalty deduction.

If the recipient was previously told that a penalty may be imposed and the FO is aware, prior to release of the SSA-L8170-U2 (SSI Notice of Overpayment), SSA-L8171-U2 (SSI Notice of Overpayment) or SSA-L8172-U2 (SSI Notice of Overpayment), that a penalty deduction will not be imposed because good cause exists for relief from a penalty, include written notice of this with the overpayment notice. Otherwise, see C. below and SI 02301.510.

In cases in which the FO cannot make a determination on whether to impose a penalty deduction, the SSA-L8170-U2, SSA-L8171-U2, or SSA-L8172-U2 should include an informational paragraph to inform the recipient that a penalty deduction may be applicable. The informational paragraph should be included on a separate plain sheet of paper attached to the SSA-L8170-U2, SSA-L8171-U2, or SSA-L8172-U2 which reads:

The law requires that we penalize you if:

(1) You receive more SSI payments that you are supposed to receive, and

(2) An excess payment happens because you failed to report within the time limits any changes in your circumstances which you agreed to report to us.

The amount of the penalty is $25 for the first time you fail to report a change on time, $50 for the second failure or delay, and $100 for any subsequent failures or delays in reporting changes which lower or stop your SSI payments.

If you believe you had good reasons for failing to report on time, please contact us within 30 days from the date that you receive this letter to explain why we should not withhold the penalty amount from your future SSI payments.

We will let you know later whether a penalty will be imposed in your case.

Although the above information may be included on the SSA-L8171-U2 or SSA-L8172-U2, the Social Security Act requires that any penalty must be deducted from Federal benefits which may subsequently become payable to an individual. The penalty provisions do not apply to State supplementary payments (SI 01410.010 B.2.). Thus, a penalty cannot be collected from a person who is not in Federal payment status. If the subsequent determination is that a penalty is to be imposed for such cases, include fill-in number 4 in the sample paragraph in B. below. To record the fact that a penalty should be imposed when a Federal payment again becomes payable, transmit the code "PYØØ" in the CG field (see SM 01301.785).

If Federal benefits are payable, see SM T01310.660 D.

B. Notice to Impose a Penalty Deduction

NOTE: *AONS is not capable of including the penalty provisions in automated notices. Therefore, the notice about the penalty determination must be sent independently unless a manual overpayment notice is being prepared. In any case, do not release the penalty determination prior to the release of the automated or manual overpayment notice.*

When the determination to impose a penalty deduction is made by the time of release of the overpayment notice, information about the penalty deduction should be included on a Form SSA-L8166-U2 (Supplemental Security Income Notice), attached to the SSA-L8170-U2, SSA-L8171-U2, or SSA-L8172-U2, and mailed in the same envelope as the overpayment notice. If the determination to impose a penalty deduction is made

after release of the manual overpayment notice, or if the overpayment notice is released through AONS, a notice about the determination to impose a penalty deduction should be sent independently, using Form SSA-L8166-U2. Copies of the notices should be maintained for the file.

The notices about a determination to impose a penalty deduction should explain that the penalty deduction is being imposed because of the recipient's failure to file a timely report of an event(s) which adversely affects his or her SSI payments. The notice should also inform the recipient of the event(s) which were not timely reported, and that good cause for relief from a penalty is not applicable. Use the following language to explain the above information:

In order to get supplemental security income payments, you agreed to tell us as soon as anything happened which might affect your payments. However, we find that you did not have good cause for not telling us within the time limits about the change in your (1). (2).
You also received more SSI payments that you should have received, so we must withhold (3) from your SSI payments.
We plan to (4). (5).

Fill-ins for the above paragraphs:

Fill-in (1)

Specify the type of excess payment event not reported (e.g., Income, Resources, Living Arrangement, Marital Status, Place of Residence, School Attendance, Citizenship, Medical Condition, Visual Impairment, Work Status, Treatment for Drug Addiction, Treatment for Alcoholism).

Fill-in (2)

If this is the first penalty, no fill-in is required. Otherwise, show which time the failure has occurred as follows:

This is the (second, third) time you did not tell us about a change affecting the amount of your payment as it happened.

Fill-in (3)

Amount of penalty ($$$cc).

Fill-in (4)

If the entire penalty will be withheld from one check:

Withold this amount from your check in (MONTH/YEAR).

If the penalty will be adjusted for more than one month:

Begin withholding ($$$cc) per month from your check until the full amount is collected.

If the penalty cannot be imposed at this time because the recipient is no longer in payment status or receives only State supplementary payments:

Withhold this amount from any subsequent Federal Supplemental Security Income benefits which may become payable to you.

Fill-in (5)

If an overpayment is being collected from the same month's check(s):

This amount will be withheld in addition to the amount being withheld to recover your overpayment.

The above notice should be sent on an SSA-L8166-U2 as soon as possible after a determination to impose a penalty deduction has been made, either with the manually prepared overpayment notice or afterwards, but not prior to release of the automated or manual overpayment notice.

C. Notice That a Penalty Will Not Be Imposed

If, during the FO interview to develop whether good cause exists, it is found that a penalty deduction will not be imposed, the recipient should be told about the decision at that time. If it is necessary to delay a determination on whether to impose a penalty deduction (e.g., additional information must be obtained to confirm the recipient's allegations), it may be necessary for the FO to send written notice to inform the recipient when it is ultimately decided that a penalty deduction will not be imposed. (If there is no record that the recipient was not informed of the possibility of a penalty, assume that the possibility was mentioned and send a notice.) If written notice is needed, the paragraph below should be included, preferably on a separate sheet of paper attached to the notice about whether waiver of recovery of an overpayment is approved or disapproved. In cases in which this is not applicable, use an SSA-L8165-U2 (SSI Notice of Decision).

We have decided that you had good cause for not making a timely report about the event that caused an excess payment. Therefore, we will not withhold a penalty deduction from your benefits this time.

02301.525 Collection of Penalties

The law provides that the only means of collecting penalties is by deduction from Federal SSI payments. Therefore, remittances of the penalty shall not be requested, nor can any money (whether cash, check, or money order) offered as payment be accepted.

The penalty deduction will not be imposed on any payment other than a subsequent Federal SSI payment to a recipient except in the case of an underpayment being made to a surviving eligible spouse. If a penalty deduction applies to the payments of a person who dies before the deduction is imposed, the penalty amount will be withheld from any underpayment due to the surviving spouse.

A penalty deduction should be collected as soon as possible. If it is not possible to collect the full amount of the penalty from one check (e.g., because the Federal SSI payment amount is less than the penalty amount), the penalty may be collected by withholding it from several succeeding checks. Collection of the penalty has priority over any overpayment adjustment action. Federal SSI payments will first be reduced by

the amount of the full penalty and any remaining payment may be used to recover the overpayment at the appropriate rate (GN 02220.065). For instructions on making input to impose a penalty, see SM 01310.210.

Goldberg/Kelly Procedures

02301.601 Notice of Planned Action

A. General

On August 26, 1975, the U.S. District Court for the District of Columbia (*Cardinale* v. *Mathews*) ordered the Social Security Administration (SSA) to cease reducing, suspending, and terminating supplemental security income (SSI) payments (except in the case of death of the recipient) without first providing written advance notice of the adverse action planned (Goldberg/Kelly notice; i.e., the type of notice required by the U.S. Supreme Court in the *Goldberg* v. *Kelly* decision in 1970). The notice must inform the recipient of the basis for the determination as well as the procedures for appealing the determination and the right to continue to receive the SSI payments pending an initial appeal. Present regulations provide that if appeal is requested within 10 days of the individual's receipt of the notice, the payment shall be continued or reinstated at the previously established payment level until a decision is made at the initial level of appeal. There is no right to payment continuation beyond the first appellate level. Once an appeal decision regarding the prior determination to reduce, suspend, or terminate payments has been rendered, appropriate action to effectuate the decision is necessary.

The following procedures are intended to ensure that no SSI recipient's monthly payment is reduced, suspended, or terminated prior to receiving a Supplemental Security Income Notice of Planned Action (Form SSA-L8155) or Supplemental Security Income Notice of Planned Action-- Medical (Form SSA-L8156-U2).

To this end, a recipient may not waive his/her right to receive the written advance notice of the adverse action planned. He/she may, however, waive his/her right to have the payments continue unreduced (see SI 02301.610).

To ensure that the recipient receives the continued payment timely once he/she requests an appeal within 10 days of the receipt of the notice, Goldberg/Kelly automated and manual One-Time Payment (OTP) procedures may be required. See SI 02301.615 for use of these procedures.

B. When Advance Notice Required

Advance notice is normally required (see exceptions in C) when a recipient's payment is being reduced, suspended, or terminated. This adverse action may be a suspension or termination of the recipient's SSI eligibility (see SI 02301.005) or a reduction in the amount of his/her payment although his/her eligibility for some SSI payment continues.

In the case of eligible couples, advance notice must be sent to both members of the couple if the net effect of the action is a reduction in the total payment to the couple, and if the payment amount to each will be changed. Advance notice is required to both, even if the payment to one member of the couple will be increased rather than reduced. No notice is required to a member of an eligible couple if that person's payment will neither be increased nor decreased.

Unless other changes result in a net reduction or suspension in his/her payments for the same payment period, no advance notice is required to be sent to the surviving spouse in the event of the death of a member of an eligible couple (see C.1).

The determination that a reduction has occurred is based on a comparison of the rate paid to the recipient in the last regular monthly check (or checks, if more than one check was dated the first day of the month) to the proposed rate for the new check.

Example 1:
Jack was paid $125 on November 1. On November 5, he reports that his unearned income increased by $20 per month beginning on September 1. Based on his report, his payment for December 1 should be $105. Since the proposed rate for the December 1 check is lower than the rate paid on November 1, a Notice of Planned Action is required.

In comparing the rate paid for last month to the new proposed rate, any money being withheld to adjust an overpayment must be treated as money paid to the recipient.

Example 2:
Mary has an outstanding overpayment of $40. There is an overpayment collection decision in effect for Mary. The rate of recovery by adjustment is $25 per month. On February 1, she was paid $75, and $25 was withheld to recoup part of the overpayment (she was actually due $100). For Goldberg/Kelly purposes, the $25 withheld because of the overpayment is treated as if it were paid to Mary. On February 5, Mary reports that her unearned income increased by $5 per month beginning on January 1. Based on this, she is due $95 on March 1. Because she still has a $15 overpayment balance to be recovered, she is scheduled to receive only $80 on March 1 (the other $15 due her will be applied to recoup the prior overpayment). A Notice of Planned Action must be issued to Mary, since the amount due her on March 1 has declined from $100 to $95. The Notice of Planned Action is required, even though the amount to be paid her on March 1 ($80) exceeds the amount sent her on February 1 ($75).

Whenever a Notice of Planned Action is sent to a recipient, it sets a minimum benefit level (MBL) for the next check. If subsequent events occur to reduce the amount of the next check, a Notice of Planned Action is required only if the new rate due is lower than the minimum benefit level set by the latest prior Notice of Planned Action.

Example 3:
On August 2, a Notice of Planned Action is sent to Andrew telling him that he will be paid $90 on October 1. On August 3, Andrew reports a drop in his income, and a Notice of Change is issued telling him that he will be paid $100 on October 1. Subsequently, Andrew reports another change in income which would make him eligible for $95 on October 1. A Notice of Planned Action is not required because the proposed $95 payment exceeds the

existing minimum benefit level of $90 for October, which was established by the Notice of Planned Action issued on August 2. A Notice of Change is sufficient.

C. When Advance Notice is Not Required

Advance notice is not required when:

1. RECIPIENT HAS DIED

When SSA has factual information which confirms that the recipient has died, advance notice of the termination action is not required. Follow SI 02301.400.F and GN 00304.001 ff., when appropriate, to determine whether a report of death is acceptable.

This also includes the death of a member of an eligible couple. Since the surviving member of the eligible couple is sometimes due a higher individual rate, the result is usually a payment increase situation. Issuance of a Notice of Change is appropriate. If, however, there has been another change resulting in reduction, suspension, or termination of the surviving member's net payment amount, then a Notice of Planned Action would be required.

Because a Notice of Planned Action is not issued when a recipient's check is stopped because of his or her death, this fact can be used to establish "good cause" for not timely filing a request for reconsideration in an erroneous death termination situation (e.g., the incorrect death termination of a recipient instead of a representative payee). Death of the recipient is an initial determination (as broadly defined under GN 03110.020.A., B., and Q.) and is subject to reopening under administrative finality (the 1-year or 2-year rule as described in GN 04070.070 ff.) or to reconsideration if the appropriate reopening period has tolled and "good cause" for late filing of a reconsideration can be established. (See GN 03101.025.A. and SI 02301.200.) Under either of these two approaches, the recipient's payments can be reinstated retroactively to, and including, the month of erroneous termination, assuming other eligibility requirements are met.

2. RECIPIENT'S ADDRESS IS UNKNOWN

This is an interruption in payment due to the whereabouts of the recipient being unknown. No determination as to eligibility has been made. Although advance notice of the interruption in payment is not required, notice is required as discussed in SI 02301.275.B.

3. RECIPIENT'S REPRESENTATIVE PAYEE DIED OR REFUSES TO CONTINUE AS REPRESENTATIVE PAYEE

These are administrative rather than adjudicative suspension actions. The payment rate to the recipient is not being changed. When a payee has been selected, the payments due will be made. (See SI 02301.275.C.2.)

4. STATE ASSUMES RESPONSIBILITY FOR ADMINISTRATION OF SUPPLEMENTARY PAYMENT

No advance notice is required when SSA ceases to pay a State supplementary payment to the recipient because the State has taken over jurisdiction of the payment process. This is not considered an adverse action for Goldberg/Kelly purposes. An SSA-L8165-U2, Notice of Decision, is the only notice required in this situation.

5. ADVANCE NOTICE PREVIOUSLY SENT BUT ADVERSE ACTION NOT TAKEN

If a Notice of Planned Action was mailed to the recipient and SSA subsequently failed to take the reduction, suspension, or termination action involved—take such action as soon as possible after discovery and send an SSI Notice of Decision (Form SSA-8165-U2), which contains no appeal rights but advises the recipient about the action that SSA has taken. In this case, the recipient has already received a notice of the initial determination and has been afforded all of the Goldberg/Kelly rights prior to effectuation of the adverse action. Another Notice of Planned Action is not necessary. In this situation advance notice, payment continuation, and other Goldberg/Kelly rights do not apply unless good cause for late filing (after the 10-day period) is established. However, administrative finality rules as described in GN 04070.001 ff. may apply in this situation.

D. Manual Issuance of Notice of Planned Action

In most situations, the system can issue the notice and maintain the proper payment rate to the recipient when the reduction event data is input. There are some instances, however, which require manual issuance of the Notice of Planned Action. See SM 01305.500 ff. for a full discussion of when the system cannot issue the Notice of Planned Action. See SI 02301.645 for instructions regarding issuance of manual notices when processing subsequent events during period of payment continuation.

There is a special situation in which manual preparation of the Notice of Planned Action is appropriate, even though the system is capable of generating the notice. This situation arises when the systems-generated notice would involve the potential for an additional month of overpayment as described below.

A Notice of Planned Action must be mailed to the recipient at least 15 days prior to the first day of the month the action will take place. Since it takes several days to produce and mail a notice from the system, the last day that a reduction event can be input so that the system can issue a Notice of Planned Action and reduce the next month's check will always be more than 15 days before the first day of the month the adverse action will take place. Therefore, a Goldberg/Kelly notice cutoff is being established. The exact day will vary slightly from month to month and will be reported in the same NEWS bulletin which gives the recurring check and supplemental payment tape cutoff dates. If a reduction event which requires a Notice of Planned Action is input on or before the Goldberg/Kelly notice cutoff (as reported in the NEWS bulletin), the system will issue a notice to reduce the next check and post the new lower rate in payment history.

If the Goldberg/Kelly cutoff has passed, but the recurring check cutoff has not yet passed, a manual Notice of

Planned Action should be issued per CN 00803.030. If the system notice suppression and reduction actions are input before the recurring tape cutoff, the system will reduce the next month's check (see SM 01305.500 ff.). If the data are input after the recurring check cutoff, the system will issue a Notice of Planned Action and reduce the check for the month after next.

Example:

The recurring tape cutoff for August is July 14 and the Goldberg/Kelly cutoff is July 10. In order to reduce the August 1 check, a reduction action must either:

1. Be input before July 11 so the system can issue the Notice of Planned Action for August, or

2. Be processed between July 11 and July 14. During this period, a manual Notice of Planned Action must be prepared and issued. (See SM 01305.670 for input instructions to the GC field.) The system-generated notice must be suppressed. Any reduction input after July 14 cannot reduce the August 1 check, even if a manual notice was issued.

02301.605 Recipient Appeals in Response to a Notice of Planned Action

A. General

1. MEDICAL/BLINDNESS CESSATIONS AND OTHER ADVERSE ACTIONS

Section 7 of the Social Security Disability Benefit Reform Act of 1984 (P.L. 98-460) changed Goldberg/Kelly payment continuation procedures in title XVI and concurrent title II/title XVI medical/blindness cessation cases. This law brought these cases under statutory benefit continuation provisions beginning November 1, 1984. Goldberg/Kelly payment continuation procedures continue to apply to SSI suspension, termination and reduction situations (i.e., adverse actions other than medical/blindness cessations).

In medical/blindness cessation cases, benefit continuation is available for SSI recipients who meet the nondisability factors of eligibility. Any SSI payments made after the benefit continuation election may be suspended or reduced because of changes in income, resources, living arrangements, or other nondisability eligibility factors. Issue the appropriate advance notice (i.e., SSI Notice of Planned Action) to the recipient, offering Goldberg/Kelly payment continuation and appeal rights on the nondisability factor before effectuating any adverse action (SI 02301.601). Reinstate payments effective the month or day, as appropriate, the recipient again meets all of the nondisability factors of eligibility (SI 02301.001-02301.310). (See DI 12025.070 ff. for instructions regarding the election of benefit continuation in disability medical/blindness cessation cases.)

The instructions in SI 02301.605-02301.645 apply to Goldberg/Kelly payment continuation procedures for title XVI nonmedical issues only.

2. DETERMINING 10-DAY/60-DAY NOTICE RECEIPT PERIODS

Normally, computer-generated SSI notices are dated 7 days after the date of the run. As a result, the notice is created and usually mailed by, or before, the date on it. However, in some instances the date on the SSI Notice of Planned Action is incorrect because the scheduled computer run date was actually later. In such situations CO will advise FO's by NEWS bulletin or other means about the correct run date. In these cases the later date will be used for determining the 10-day and 60-day periods, not the date on the notice.

In addition, during periods of high volume notice workloads, the mailing of some SSI notices may be delayed. This routinely occurs during the processing of cost-of-living (COLA) notices in the November computation run, and again in the January computation run, because of COLA-related income changes which occur 2 months after the COLA run due to retrospective monthly accounting. In these runs, the mailing of notices may take place over a period of several weeks.

B. Appeal Filed Within 10 Days of Receipt of a Notice of Planned Action

1. BENEFITS MUST BE CONTINUED (OR REINSTATED) UNLESS RECIPIENT WAIVES CONTINUATION OF PAYMENT

If a recipient appeals a determination within 10 days of receipt of a Notice of Planned Action, benefits must be continued (or reinstated) at the amount in effect prior to the appealed determination (the protected payment level, or PPL) unless the recipient specifically requests that the adverse action be taken as scheduled (see SI 02301.610). If the amount due subsequently increases for any reason (e.g., decreased income, COLA, etc.), he/she will be paid the higher amount due pending a decision on the initial appeal.

See SI 02301.605 B.2. regarding overpayments resulting from SSI Goldberg/Kelly payment continuation.

a. Appeal of Determination Based on a Single Change Event

Example 1:

Gus Sobol is an eligible individual who has been living in his own household; he currently receives a monthly title XVI payment of $340.00. A Notice of Planned Action notifies him that his monthly payment will be reduced to $25 beginning February 1 because he is living in a title XIX institution. Mr. Sobol requests reconsideration within 10 days of the receipt of the determination that he is living in a title XIX institution. He is entitled to continue to receive $340.00 (PPL) monthly until the initial appeal (reconsideration) is resolved.

Example 2:

Mae Jerome is an eligible individual who has been living in another person's household; she currently receives $226.67 monthly. A Notice of Planned Action notifies her that her payment will be reduced beginning March 1 to $220.00 because we have determined that she is living in her own household and had unearned income of $140.00 in the form of a regular monthly contribution from her sister. Ms. Jerome

appeals the determination within the 10-day time limit. Therefore, her payments will be maintained at $226.67 (PPL) until the initial appeal (reconsideration) is resolved.

b. Appeal of Determination Based on Multiple Change Events

If the proposed reduction is based on a determination involving more than one event, the recipient's existing payment may be reduced to reflect the effects of any of the events which the recipient is not contesting (SI 02301.645). However, take the reduction action only at the recipient's request (see SI 02301.610).

Example:

Ray Topp has been receiving title XVI payments as an eligible individual living in his own household. He is notified that beginning April 1 his payments will be stopped because of a determination that he is living in a title XIX institution and receiving a city pension of $60.00 a month. He appeals the determination (within the 10-day time limit) with respect to the unearned income but asks that his payment be reduced to reflect the new living arrangement. Payments in the amount of $25.00 will be made to Mr. Topp beginning April 1.

c. Appeal of Determination in Eligible Couple Cases

In eligible couple cases, if one member has requested an appeal within 10 days, the other member's benefit will also continue unreduced unless that member requests a reduction. In the absence of a specific request for reduction (see SI 02301.610), continue payment to both members of the couple at the old rate. In some situations, the total couple payment is reduced but one member's payment is increased while the other's is decreased. In this circumstance, do not pay the new (higher) amount due the member with the increase if the other member's prior payment rate is being maintained as a result of an appeal. The prior payment level is paid to both.

Example:

Joseph and Irene Jackson are an eligible couple. Each receives an SSI payment of $75 per month. Mr. Jackson reports that his unearned income has increased by $10 per month. A Notice of Planned Action is issued to both Mr. and Ms. Jackson explaining that their SSI payments will be reduced to $70 each. Mr. Jackson files an appeal within 10 days and continues to receive $75 per month. Unless Ms. Jackson specifically requests that her payment be reduced to $70 per month, she will also be paid $75 per month.

d. Appeal of Revised Payment Amount

If a recipient appeals the revised payment amount itself rather than the determination which caused the payment to be revised, continue the monthly payment (or, if the action has been taken, restored or reinstated) at the amount in effect when the adverse determination was made.

Example:

Sibyl Leeds had been receiving title XVI payments of $226.67 as an eligible individual living in another person's household. A Notice of Planned Action dated December 6 notified her that beginning January 1 her payment would be reduced because we determined that she married someone receiving both title XVI payments and a title II disability benefit and lives in her own household. She does not dispute the facts that she is married, that her husband has a monthly benefit or that she is living in her own household, but does appeal the determination of her benefit amount based on these facts. Her request for reconsideration, although filed on March 18 is considered timely (i.e., she is found to have met "good cause" requirements for not filing timely). Reinstate benefits in the amount of $226.67 effective January 1.

2. OVERPAYMENTS RESULTING FROM PAYMENT CONTINUATION

Unreduced SSI payments will continue (except for those payments discussed in SI 02301.620-02301.630) when a timely initial appeal to an adverse action is filed. Although the individual is to be advised that receipt of the unreduced payments may result in an overpayment, he/she still has the right to overpayment waiver consideration if an overpayment is incurred, even if the overpayment results from the application of the *Goldberg/Kelly* continuation of payment requirements. *Take no signed statement about the possibility of an overpayment.* If the individual wishes to waive his/her right to continuation of payment to avoid the possibility of an overpayment, obtain a signed Waiver of Supplemental Security Income Payment Continuation (Form SSA-263-U2) (see SI 02301.610 A.). *The decision to waive continuation of the unreduced payment is to be made solely by the individual after he/she has received a full explanation of his/her rights.*

If the individual elects to receive the continued unreduced payments and subsequently loses the initial appeal, apply the standard rules for adjustment or recovery of the overpayment for the period of continued unreduced payments. The individual has a right to request waiver of adjustment or recovery of the overpayment. If waiver is requested, follow the criteria in GN 02260.001 ff. Pay special attention to GN 02260.010, which discusses the relationship of fault to the cause of overpayment. The fact that an individual exercised his/her right to appeal a determination resulting in reduced or stopped payments and accepted payments under the payment continuation procedures does not in itself establish that the individual knew or could have been expected to know that payment was incorrect. As the regulations indicate, whether an individual is "without fault" depends on all the pertinent circumstances surrounding the overpayment in the particular case.

3. RECEIPT FOR APPEALS INVOLVING PAYMENT CONTINUATION—SSA-94

Whenever a recipient files an initial appeal (reconsideration) and qualifies for payment continuation under SSI Goldberg/Kelly procedures, furnish him/her a Receipt of SSI Appeal Request (Form SSA-94). When both members of a couple appeal and qualify for continued payments under Goldberg/Kelly procedures, prepare a separate Form SSA-94 for each. (See Exhibit of Form SSA-94 at end of this subsection.) Enter the recipient's name and Social Security number, the date the appeal was filed, the FO address and the FO telephone number on the form. The interviewer should sign the form.

If a recipient contacts the FO alleging that he/she has not received payment continuation by the 6th of the appropriate month, determine the reason. Verify whether payment was issued and whether payment continuation is in order (i.e., a decision on the initial appeal has not been issued).

If the recipient is due SSI Goldberg/Kelly payment continuation, immediately reinstate payments to the protected level by one-time payment (OTP) (see SM 01901.001 ff. and SI 02301.615).

NOTE: *The Form SSA-94 is used only for SSI Goldberg/Kelly payment continuation cases. Do not give this form to a recipient who is appealing a medical/blindness cessation. (See DI 12025.070 ff. regarding benefit continuation during medical/blindness cessation appeals.)*

Exhibit (Form SSA-94)

RECEIPT OF SSI APPEAL REQUEST

NAME

SOCIAL SECURITY NUMBER

DATE FILED

Your request for appeal will be processed as quickly as possible. You will be notified in writing of our decision.

You are entitled to have your prior payment continued until we notify you of the appeal determination made in your case. However, if you lose your appeal, you may have to pay some, or all, of this money back unless you meet the conditions which would allow us to waive repayment.

Usually, you should receive the full amount of your prior payment on the first of next month, although it may be necessary to pay this amount in two checks.

In some cases it may not be possible to pay the full amount of your prior payment on the first of the month. However, you should receive it within several days after the first.

If you have not received your full payment by the time the mail is delivered on the 6th of next month *and* you have not yet been notified of our appeal determination, please get in touch with us.

SOCIAL SECURITY ADMINISTRATION

STREET ADDRESS

CITY, STATE, ZIP CODE

PHONE NUMBER

INTERVIEWER

Form SSA-94 (2-84)

C. Appeal Filed Within 60 Days But Later Than 10 Days After Receipt of Notice of Planned Action

A request for reconsideration filed within 60 days after receipt of the Notice of Planned Action by the recipient is valid. However, if filed later than 10 days after receipt of the notice, the recipient does not have the right to Goldberg/Kelly continuation or reinstatement of payment at the previously established level, unless "good cause" is established. The reduction, suspension, or termination action involved will be taken. Discuss with the claimant the possibility of establishing "good cause" for late filing of an appeal in these situations.

D. Extension of Time Limitation—"Good Cause"

See GN 03101.025 for development of "good cause" for extension of either the 10-day or 60-day time limits.

The FO is responsible for making a "good cause" determination in title XVI reconsideration cases (for both appeal and payment continuation purposes). Moreover, the FO also determines "good cause" relating to continued payments in title XVI and concurrent title II/title XVI medical/blindness cessation cases through the ALJ hearing level when the hearing request is filed after the 10-day period but within 60 days of receipt of the reconsidered determination notice.

02301.610 Waiving Continuation of Payment

A. Title XVI Cases—Nondisability Issues

When a Notice of Planned Action is required under the instructions above, the recipient may choose to waive his/her right to continuation of payment pending an appeal.

Discuss the change being reported making sure that the recipient fully understands the precise effect the change will have on his/her title XVI payments. Advise the recipient about his/her right to advance notice and the continuation of the prior payment level until a reconsideration determination is made. Also inform the recipient about his/her right to waive continuation of the prior payment amount to avoid the possibility of an overpayment. (See SI 02301.605 B.2. regarding overpayments resulting from payment continuation.)

If after discussing the adverse action the recipient chooses to file a reconsideration request, but on his/her own initiative insists that SSI payments be reduced or suspended to prevent an overpayment should the decision on the reconsideration be unfavorable, take the following action: (1) immediately give the recipient written (manual) advance notice of the planned action, (2) obtain the request for a reconsideration, and (3) obtain a signed Waiver of Supplemental Security Income Payment Continuation (Form SSA-263-U2). Check the appropriate proposed action in item number 2. (See Exhibit of Form SSA-263-U2 at the end of this subsection.) Suppress any systems-generated Notice of Planned Action in this situation. (See instructions on notice suppression in SM 01301.675.)

When both members of a couple waive Goldberg/Kelly payment continuation, complete a separate SSA-263-U2 for each. *No additional statement(s) should be added to or annotated on this form.* It is to be used only for Goldberg/Kelly payment continuation waiver purposes. Do not use the form for future overpayment development purposes (see SI 02301.605 B.2).

File the original copy of the waiver in the claims folder. Give the duplicate copy to the recipient. If another office has jurisdiction of the claims folder, retain the SSA-263-U2 for 90 days before forwarding it to the office of jurisdiction for filing in the folder.

Since SSI payment continuation is based on Fifth Amendment due process rights (as defined by *Goldberg* v. *Kelly, Cardinale v. Mathews,* and other Federal court cases), do not exert any influence on the recipient regarding his/her decision on whether or not to waive payment continuation. Be strictly neutral in this matter.

Input the appropriate data to the SSI system. If the recipient later changes his/her mind and requests that payments be reinstated, input the data that will issue payments at the PPL.

Exhibit (Form SSA-263-U2)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Social Security Administration

WAIVER OF SUPPLEMENTAL SECURITY INCOME PAYMENT CONTINUATION	**IMPORTANT**—PLEASE READ THE STATEMENT ON REVERSE BEFORE COMPLETING FORM
NAME OF CLAIMANT	SOCIAL SECURITY NUMBER

1. This refers to the advance notice of planned action that I received on _____, 19___.
2. I have been advised of the proposed action (i.e., ☐ reduction, ☐ suspension, or ☐ termination) concerning my supplemental security income (SSI) payments, and I fully understand the results such action will have on my monthly payment amounts.
3. I understand that I have the right to continuation of unreduced payments until a decision is made on my initial appeal request.
4. I understand that at any time up to the date I receive a decision on my initial appeal, I may request that my unreduced payments be reinstated retroactively (i.e., back to, and including, the month they were reduced, suspended or terminated).
5. I am fully aware of my rights and, on my own initiative, request that the Social Security Administration (SSA) take immediate action to make the change in my payments.
6. My rights have been fully explained to me by the SSA, and I voluntarily sign this form.

Your Signature *(If you sign with an X, have two people witness below)*	Date *(Month - Day - Year)*
SIGN HERE ►	
Mailing Address *(Number and Street, City, State, ZIP Code)*	Telephone Number(s) at Which You Can be Reached *(Include Area Code)*

Your statement does not ordinarily have to be witnessed. If, however, you have signed by mark (X), two witnesses to the signing who know you must sign below, giving their full addresses.

1. Signature of Witness	2. Signature of Witness
Address *(Number and Street, City, State, ZIP Code)*	Address *(Number and Street, City, State, ZIP Code)*

Form **SSA-263-U2** (4-87)

Exhibit (Form SSA-263-U2) (BACK)

COLLECTION AND USE OF INFORMATION ON YOUR FORM—PRIVACY ACT NOTICE/PAPERWORK REDUCTION ACT

YOUR COMPLETION OF THIS FORM IS VOLUNTARY. You do not have to complete it if you do not want to. However, unless you request that we change your SSI payments now by completing this form, we will *not* change your payments until we make a decision on your initial appeal. If you want us to change your payments now, we are required to get this waiver statement from you (42 U.S.C. 1383(e), 20 CFR 416.1336(c)).

SSA will use the information on this form to enable us to change your payments at this time. We may routinely give out this information on this form without your consent if:

1. An agency needs this information to decide if you are eligible for a health or income program such as SSI State supplementary payments, Food Stamps, Medicaid, Energy Assistance, Veterans Benefits, or Basic Educational Opportunity Grants;

2. A Federal law requires that we give out this information;

3. Your Congressman or the President's office needs this information to answer questions you ask them; or

4. The Department of Justice needs the information to represent the Federal Government in a court suit related to SSA administered programs.

These and other reasons why information about you may be used or given out are explained in the *Federal Register.* If you would like more information about this, get in touch with any Social Security office.

B. Title XVI Only or Concurrent Title II/Title XVI Medical/Blindness Cessation Cases

Effective November 1, 1984, Goldberg/Kelly payment continuation procedures no longer apply to title XVI only or concurrent title II/title XVI medical/blindness cessation cases. Refer to DI 12025.090 C. and DI 12025.105 C. when benefit continuation is requested in those situations. See DI 12025.105 B. when benefit continuation is not requested.

C. Effect of Waiver of Payment Continuation on Title XVI Requirement to Apply for and Obtain Other Benefits

The title XVI suspension factor described in SI 02301.240 (i.e., failure to apply for and obtain other benefits) does not pertain to payment continuation waiver situations.

Waiver of Goldberg/Kelly payment continuation or election not to receive statutory benefit continuation pending a decision on an appeal would not represent failure to file for and secure other program payments. This represents constitutional or legal due process continuation of payments pending a decision on the appellant's eligibility.

NOTE: *The beneficiary may elect continued payments for both types of benefits (title II and title XVI) or for only one type of benefit (title II or title XVI).*

02301.615 Use of Manual OTP to Reinstate Payment after the Goldberg/Kelly A-OTP Cutoff

A. General

In most cases, the automated Goldberg/Kelly process will continue payment at the protected level if the recipient files a timely appeal and DPD (Due Process Data) status code P has been input. However, if status code P is transmitted after the supplemental payment tape cutoff, an automated OTP ("one-time payment") is normally made to reinstate payment at the protected level for the month of the proposed reduction.

If the automated OTP is input shortly after the supplemental payment tape cutoff for the adverse action month, the recipient will usually receive a check shortly after the 1st of the month. This check is normally dated the 2nd of the month. However, if the appeal is filed in the last few days of the month, it is likely that the automated OTP check will be dated later than the 2nd of the month (possibly as late as the 6th) and that the recipient will not receive the check until about the 10th of the month or later. A lengthy delay in reinstatement of payment at the protected rate *after a timely appeal* violates the intent of the Goldberg/Kelly process. Since the manual OTP process should result in payment to the recipient sooner than the automated OTP process, the manual, rather than the automated, OTP process must be used

when the appeal is filed after the supplemental tape cutoff (i.e., late in the month). See D. for manual OTP instructions.

B. Goldberg/Kelly A-OTP Cutoff

The Goldberg/Kelly automated OTP (A-OTP) cutoff is the last day in each month that the automated OTP process should be used to reinstate payment at the protected rate because the recipient has filed a timely appeal and is entitled to payment protection. The Goldberg/Kelly A-OTP cutoff will be included in the monthly teletype which gives the payment tape cutoffs and the Goldberg/Kelly notice cutoff.

Use the automated OTP process to reinstate payment after the supplemental payment tape cutoff if input will be made before the Goldberg/Kelly A-OTP cutoff. Make input to pay the automated OTP at once. After the automated OTP has been posted to the record, input DPD status code P to record the appeal so that the system can maintain payment at the protected rate for all months after the adverse action month until the appeal decision is input. Two SSI PE inputs are required—the first (SSA-4618) must be used to pay the A-OTP and the second (SSA-1719B) to post DPD status code P to the record.

After the Goldberg/Kelly A-OTP cutoff, use the manual OTP process to reinstate payment to the recipient at the protected rate if no input was made to reinstate payment or if the input was made but rejected. Transmit the data to post the manual OTP to the record and the DPD status code P entry to record the appeal on the same SSA-1719B. Make input as soon as the confirmation teletype from the central office, indicating the date M-OTP was paid, has been received.

Do not routinely use a manual OTP when an automated OTP can be used. Since the need for expedited reinstatement in Goldberg/Kelly appeals exists, the manual OTP must be used after the A-OTP cutoff. There should be few other situations for which the use of a manual OTP is justified.

C. Use of OTP to Reinstate Payment

If the system will process input of the DPD status code P after the supplemental payment tape cutoff for the adverse action month, an OTP must be used to reinstate payment for the adverse action month at the protected rate. The use of an OTP to reinstate payment may be necessary for one of several reasons:

1. The recipient may file a timely appeal after the supplemental payment tape cutoff. If the Notice of Planned Action is dated after approximately the 7th of the month, the last day of the appeal period will possibly be after the supplemental payment tape cutoff for the adverse action month.

   Example:
   A manual Notice of Planned Action proposing a reduction of the September check is mailed to Jack on August 13. Since it is presumed that the notice will be received within 5 days after mailing, Jack presumably received the Notice of Planned Action by August 18. The 10-day appeal period will end August 28. If Jack files an appeal before August 29, he will be entitled to payment continuation. However, the supplemental payment tape cutoff for September is August 25. If Jack files an appeal after August 25, an OTP must be made to reinstate payment for September at the protected rate. If the appeal is filed after the Goldberg/Kelly A-OTP cutoff, a manual OTP must be made.

2. The recipient may file an appeal after the 10-day appeal period has ended but good cause for late filing is established. When good cause is involved, it is even possible that the appeal will be filed after the 1st day of the adverse action month.

   Example:
   A Notice of Planned Action proposing a reduction of the August check is mailed to Mary on July 2. Assuming she receives the notice within 5 days of mailing, the last day that Mary can file a timely appeal and be entitled to payment continuation is July 17. Mary files an appeal on August 2 and explains that she did not file the appeal sooner because of illness. The DO finds that Mary has good cause for filing after 10 days and that the appeal has been timely filed. Payment must be reinstated by manual OTP for August since the appeal was filed after the A-OTP cutoff.

3. The recipient may file a timely appeal prior to the supplemental payment tape cutoff but the DO may, in error, fail to input DPD status code P until after the supplemental payment tape cutoff. In this case an automated OTP must be made to reinstate payment at the protected rate. If the input cannot be made before the Goldberg/Kelly A-OTP cutoff, a manual OTP must be made.
4. The DO may make input to post DPD status code P prior to the supplemental payment tape cutoff but the input may reject. If the corrective input to post DPD status code P is not processed before the supplemental payment tape cutoff for the adverse action month, payment must be reinstated by automated OTP. If the input cannot be made before the Goldberg/Kelly A-OTP cutoff, a manual OTP must be made.

   Example:
   After receiving a Notice of Planned Action, Margaret files a timely appeal on August 15. The adverse action month is September. The DO inputs status code P at once. It does not make an OTP since the input is made before the supplemental payment tape cutoff for September. However, the input is rejected because the DO input the wrong adverse action month. The DO receives the reject on August 21. By the time the reject is associated with the input and the error uncovered, it is after the supplemental payment tape cutoff. The DO must make an OTP to reinstate payment at the protected rate. If the OTP cannot be made before the Goldberg/Kelly A-OTP cutoff, the DO will use the manual OTP process.

D. Procedure to Request Manual OTP to Reinstate Payment

If the manual OTP process will be used to reinstate payment after the Goldberg/Kelly A-OTP cutoff, determine the amount of the OTP by subtracting the amount the system will pay from the protected rate (i.e., use the same procedures used for determining the amount of the automated OTP). Request a manual OTP according to SM 01901.250. Request the manual OTP by teletype unless the request is made on the last day of the month before the adverse action month or any later date. If the request for the manual OTP is being made on the last day of the month or later, make the request by teletype and follow with verification by telephone.

Show as the reason for the manual OTP "G/K REINSTATEMENT AFTER A-OTP CUTOFF—TO BE DATED THE 2ND." It is imperative that this remark be used on the request for the manual OTP so that the manual OTP is processed using special procedures developed to ensure expeditious handling of the manual OTP.

02301.620 Exceptions to the Amount of Continued Payment

Under the basic terms of the *Cardinale* court order, SSA may not reduce, suspend, or terminate a recipient's payments without providing written notice of the proposed action. Further, if the recipient appeals the action within 10 days of the date he receives the notice, he is entitled to continued payment at the previously established level until a decision on the appeal is rendered.

However, the original order has been modified to provide for two exceptions to the basic requirements. The first applies to situations in which it is determined that a recipient is being paid more than one monthly SSI check (Multiple Payment Exception). The second relates to cases in which erroneous monthly payments are being made in excess of certain established dollar limits (Payment Ceiling Exception). The cause of the erroneous payments is not material to determining the applicability of the exceptions. (See SI 02301.625 and SI 02301.630 for descriptions of these exceptions.)

Under both exceptions, *written advance notice of the planned action is still required*, but it is not necessary to continue payments at the previously established erroneous levels if the recipient appeals. Each notice must contain the following information:

A. A full explanation of the reason for the action,
B. The correct amount of the monthly payment,
C. The month the corrective action will be effectuated, and
D. The recipient's appeal rights, including information on the payment that will be made in the event an appeal is filed within the 10-day time limit. Manually prepare the notice on Form SSA-8165-U2 (Notice of Decision). For multiple payment exceptions, use the model language in SI 02301.625 E. For payment ceiling exceptions, use the model language in SI 02301.630 D.

Mail the notice at least 15 days prior to the scheduled effective date of the action; e.g., if the action will take effect April 1 the notice must be mailed before March 17. If the notice is given to the recipient in person, this must be done at least 10 days before the effective date of the action.

See SI 02301.600.D. regarding a situation in which advance notice, payment continuation, and other Goldberg/Kelly rights do not apply—namely, when an advance notice on the same issue/event was previously sent to the recipient and good cause was not alleged or could not be established.

02301.625 Multiple Payment Exception

This exception applies to cases in which a recipient is receiving, on a continuing basis, two or more monthly checks, each of which is intended to represent full payment for the month. This occurs when more than one claim has been established under the same SSN or under a combination of the same SSN and pseudo numbers. The manner in which the erroneous accounts were established is not material to the application of the exception. The payment amounts may be the same or different.

An individual cannot properly be eligible for more than one monthly SSI payment. The purpose of the exception is to permit SSA, upon discovery of a multiple payment situation, to determine the correct payment amount and stop issuance of all but one of the checks without the necessity of continuing multiple payments in the event of an appeal of the action.

A. When Applicable

The multiple payment exception applies whenever SSA determines that more than one regular monthly SSI benefit is being paid to an individual. However, this fact must be clearly established before any payments may be stopped. (See B. and C. below.)

B. Recipient Report

The fact of multiple payment is established if the recipient reports or confirms that he/she is receiving more than one monthly payment. In this case obtain his/her signed statement to this effect including the amounts of the checks and the SSN's (or pseudo numbers) under which the payments are being made. Verify these facts with SSA's record and take action in accordance with D. below.

C. SSA Records

The fact that a recipient is receiving multiple payments is established if the records for all payments agree exactly as to SSN (or pseudo number), name, date of birth, address, and sex.

If all of the above factors are the same on each payment record, take action in accordance with D. below. No recipient contact is required.

Whenever variations in the identifying factors are involved, sound judgment must be exercised in determin-

ing that all payments are going to the same individual. If any one of the factors fails to match, the exception does not apply and normal advance notice *(Goldberg* v. *Kelly)* procedures must be followed.

However, comparison of the payment records may reveal minor variations in name, date of birth, or address. These variations may still constitute a match for purposes of determining if the same individual is involved, provided that the variations fall within the following guidelines:

1. NAME VARIATIONS

a. Given Name

Any obvious derivations of the given name may be considered as a match, providing the surnames are in agreement (see c. below).

Examples:

Thomas	Edward	Katherine
Tom	Ed	Kathy
Tommie	Eddie	Kathie
Tommy	Eddy	Catherine

Initials or abbreviations of the given name may also be considered as a match.

Examples:

James Robert Smith	Joseph Johnson
J. Robert Smith	J. Johnson
Jam. Robert Smith	Jos. Johnson

b. Surname

Variations in the surname may be considered the same if any of the following applies:

1) Transposition of two adjacent letters (e.g., Singelton, Singleton);
2) One letter added or omitted (e.g., Brown, Browne); or
3) One letter different (e.g., Ramsey, Ramsay).

If these rules would produce a distinctly different surname (e.g., Hill/Hall or Rose/Ross), the variations will not be considered as the same.

c. Middle Name

If the given name and surname are the same (as in a. and b. above), the absence of a middle name or the presence of an initial which matches the middle name will be considered as the same (e.g., William R. Smith, William Robert Smith, William Smith).

d. Title

Do not consider titles when determining if names are the same. For example, Father (Fr.), Reverend (Rev), P.A., J.D., Junior (Jr.), and Senior (Sr.) are not material to the determination.

2. DATE OF BIRTH

Dates of birth will be considered the same only if they are in exact agreement as to *month and year.*

3. ADDRESS

The only acceptable variation in address is in the designation of Street, as to Avenue, Road, Court, etc.

D. Correcting Payments and the Record

Once it is established that the recipient is receiving multiple payments, take the following actions:

1. Determine the correct payment amount due, if any;
2. Determine the correct SSN under which any payment due is to be made;
3. Make the necessary input to the system to immediately stop all multiple payments, to effectuate the determinations made in D.1. and 2. above, and to inactivate all pseudo numbers;
4. Prepare and release notices of these actions in accordance with section SI 02301.620; and
5. Determine the amount of the overpayment incurred and dispose of it under normal procedures.

NOTE: *It is important that the above actions be taken as quickly as possible in order to stop the multiple payments and begin the single payment (if eligibility exists) at the earliest possible date. Therefore, determine payment amount due (step 1 above) based on the information on record. If additional development is required to establish the correct payment, undertake such development after making input to stop the multiple payments and to start the single payment. Process any further reduction of the payment required by the development under the normal advance notice (Goldberg v. Kelly) procedures.*

E. Advance Notice

1. Manually prepare the notice on Form SSA-L8165-U2 (Notice of Decision) (see SI 02301.620). For the explanation of appeal rights on the reverse of the advanced notice, see SI 02301.630 D.4.
2. The notice should contain the following:

"WE FOUND THAT WE HAVE BEEN SENDING YOU MORE THAN ONE SUPPLEMENTAL SECURITY INCOME CHECK EACH MONTH—(ONE FOR $ _____ AND ONE FOR $ _____: EACH FOR $ _____: FOR $ _____, $ _____, $ _____) BY MISTAKE. WE ARE CORRECTING THIS MISTAKE AND BEGINNING _____ WILL BE SENDING YOU ONLY ONE CHECK FOR $ _____.

(IF YOU ASK FOR RECONSIDERATION IN WRITING WITHIN 10 DAYS OF RECEIVING THIS NOTICE, WE WILL CONTINUE PAYMENT OF $ _____ UNTIL A RECONSIDERATION DETERMINATION IS MADE, NO MATTER HOW LONG IT TAKES. DEPENDING ON THE OUTCOME OF THE RECONSIDERATION, YOU MAY HAVE TO PAY BACK ANY MONEY YOU WERE NOT ELIGIBLE TO RECEIVE.)"

F. Recipient Appeals

If the recipient appeals within 10 days of receipt of the notice, he is entitled to continuation of payment at a rate equal to the highest of the multiple checks (subject to the

payment ceilings). If the amount determined to be the correct payment in D.1. above equals or exceeds the highest of the multiple payments, no further payment action is necessary as this payment will be made automatically based on prior input to the system. (In order to record in the system that a reconsideration request has been filed, make appropriate SSA-1719B. input. Also transmit the reconsideration decision to the record.) However, if the correct payment is less than the highest of the multiple payments, issue a one-time payment for the amount of the difference between the correct payment and the highest of the multiple payments. Continue to make OTP's until a decision on the appeal is rendered. (See SI 02301.630 D.3. when multiple payments exceed the payment ceilings.)

If the recipient fails to appeal within the 10 day period, he/she has no right to continued payment at a rate higher than determined to be correct in D.1. above, unless good cause for such failure is established. If good cause is established, follow the procedure described in the preceding paragraph.

Follow the procedure in GN 03101.005 ff. and GN 03110.005 ff. to process the appeal.

02301.630 Payment Ceiling Exception

The purpose of this exception is to permit SSA to reduce erroneous payments which exceed certain dollar maximums without the necessity of continuing the erroneous payment while an initial appeal of the action is being decided.

To apply this exception, three recipient payment categories have been established with a payment ceiling assigned to each. For purposes of determining the applicable category for an individual, his/her eligibility status as reflected in our records as of the month immediately preceding the month the erroneous payment was first made is controlling. If the claimant was not in payment status in that month, determine the applicable category based on the last month in which he/she was eligible.

Exception:
If the erroneous payment was made in connection with a change of category, then use the month the erroneous payment was first made to determine the appropriate category and payment ceiling. For example, the recipient was only eligible for a Federal benefit on March 1. The erroneous payment is made on April 1 in connection with processing a report that the recipient moved to a State in which he/she qualified for optional supplementation. In this case use his/her eligibility status on April 1 to determine the applicable payment ceiling.

A. Categories and Monthly Payment Ceilings

The categories and monthly payment ceilings are as follows:

Category	*Monthly Payment Ceiling*
1. FEDERAL SSI BENEFIT ONLY	**$320**
This category is comprised of recipients whose records indicate they were eligible for Federal SSI benefits only for the month before the month the payment ceiling was first exceeded (e.g., there is no eligibility for federally administered optional or mandatory supplementation and no essential person increment involved).	
2. FEDERAL SSI BENEFIT AND OPTIONAL SUPPLEMENTATION	**$1,000**
This category is comprised of recipients whose records indicate they were eligible for Federal benefits plus federally administered optional supplementation for the month before the month the payment ceiling was first exceeded. It also includes those eligible for federally administered optional supplementation only. It does not include recipients eligible for federally administered mandatory supplementation or an essential person increment.	
3. FEDERAL SSI BENEFIT AND MANDATORY AND/OR OTHER SUPPLEMENTATION	**$2,500**
This category is comprised of all recipients not included in 1. and 2. (i.e., those whose records show eligibility for a Federal benefit and federally administered mandatory supplementation and/or essential person increment for the month before the month the payment ceiling was first exceeded). It also includes those eligible for federally administered mandatory supplementation only and those eligible for Federal benefits plus an essential person increment and federally administered optional supplementation.	

These payment ceilings for categories represent amounts somewhat in excess of the maximum payment possible for any recipient eligible for those types of benefits. Thus, any payment in excess of the appropriate payment ceiling has a high probability of being incorrect.

B. When Applicable

The payment ceiling exception applies whenever SSA determines that a recipient is receiving an erroneous payment which exceeds the payment ceiling applicable to his/her payment category.

The exception does not relieve SSA of the obligation to provide advance notice of any corrective action which is adverse to the recipient. It pertains only to the amount of the payment which must be made in the event the recipient appeals the proposed corrective, adverse action.

C. Correcting Erroneous Payment

Upon discovery that a recipient is receiving a monthly payment in excess of the applicable payment ceiling, determine the correct amount due and immediately make the necessary input to the system to correct the earliest possible future check.

D. Advance Notice

1. Manually prepare the notice on Form SSA-L8165-U2 A (Notice of Decision) (See SI 02301.620). Use the following language:

   "BY MISTAKE WE SENT YOU (A) SUPPLEMENTAL SECURITY INCOME CHECK(S) EACH IN THE AMOUNT OF $ _____ $ _____ FOR _____. BASED ON THE INFORMATION IN OUR RECORDS WE SHOULD HAVE SENT YOU $ _____ FOR _____, THE FIRST MONTH IN WHICH THE INCORRECT PAYMENT WAS MADE. AFTER CORRECTING THIS MISTAKE WE HAVE DETERMINED THAT YOU ARE (CURRENTLY ELIGIBLE TO RECEIVE THE MONTHLY PAYMENT AMOUNT AS SHOWN ABOVE, NOT CURRENTLY ELIGIBLE TO RECEIVE PAYMENT)."

2. When payment was due for the first month in which incorrect payment was made, give the following explanation of appeal rights on the reverse of the notice:

   "YOUR RIGHT TO APPEAL"

   Do you think we're wrong? If so, you have the right to appeal. If you appeal, we'll review our decision. We'll change mistakes. Do you have other questions? If so, get in touch with us. Please bring this notice with you if you come to a social security office.

   You have 60 DAYS TO APPEAL after you get this notice. If you wait more than 60 days, you must have a good excuse.

   APPEAL IN 10 DAYS TO KEEP GETTING YOUR SAME CHECK

   We won't change your check if you appeal within 10 days after getting this notice. You'll keep getting your check until we decide your appeal. If you lose your appeal, you might have to pay some or all of this money back.

   HOW TO APPEAL

   There are three different ways to appeal. You can pick the one you want. The people in our offices can explain how these appeals work. You can have a lawyer, friend, or someone else help you with your appeal.

   Here are three ways to appeal:

   1. CASE REVIEW:

   You can give us more facts to add to your file. Then we'll decide your case again. You don't meet with the person who decides your case.

   2. INFORMAL CONFERENCE:

   You'll meet with the person who will decide your case. You can tell that person why you think you're right. You can give us more facts to help prove you're right. You can bring other people to help explain your case.

   3. FORMAL CONFERENCE:

   This is a meeting like an informal conference. Plus, we can make people come to help prove you're right. We can make them bring important papers about your case. We can do this even if they don't want to help you. You can question these people at your meeting.

   To appeal, you must fill out a form at one of our offices. It is called a Request for Reconsideration, SSA-561. On the form, YOU PICK THE KIND OF APPEAL YOU WANT. We'll help you fill it out.

   There are groups that can help you with your appeal. Some can give you a free lawyer. We can give you names of these groups."

3. When payment was not due for the first month in which incorrect payment was made, give the following explanation of appeal rights on the reverse of the notice:

   "YOUR RIGHT TO APPEAL"

   Do you think we're wrong? If so, you have the right to appeal. If you appeal, we'll review our decision. We'll change mistakes. Do you have other questions? If so, get in touch with us. Please bring this notice with you if you come to a social security office.

   You have 60 DAYS TO APPEAL after you get this notice. If you wait more than 60 days, you must have a good excuse.

   HOW TO APPEAL

   There are three different ways to appeal. You can pick the one you want. The people in our offices can explain how these appeals work. You can have a lawyer, friend, or someone else help you with your appeal.

   Here are three ways to appeal:

   1. CASE REVIEW:

   You can give us more facts to add to your file. Then we'll decide your case again. You don't meet with the person who decides your case.

   2. INFORMAL CONFERENCE:

   You'll meet with the person who will decide your case. You can tell that person why you think you're right. You can give us more facts to help prove you're right. You can bring other people to help explain your case.

   3. FORMAL CONFERENCE:

   This is a meeting like an informal conference. Plus, we can make people come to help prove you're

right. We can make them bring important papers about your case. We can do this even if they don't want to help you. You can question these people at your meeting.

To appeal, you must fill out a form at one of our offices. It is called a Request for Reconsideration, SSA-561. On the form, YOU PICK THE KIND OF APPEAL YOU WANT. We'll help you fill it out.

There are groups that can help you with your appeal. Some can give you a free lawyer. We can give you names of these groups."

E. Recipient Appeals

If the recipient appeals the determination within 10 days from receipt of the notice (or, if later, establishes good cause for late filing), follow the rules in F. below to determine the amount of the payment, if any, to be made while the appeal is being decided.

If the appeal is filed after the 10 day period and good cause is not established, there is no right to payment at a rate higher than that determined to be correct under B. above.

Follow the procedures in GN 03101.005 ff. and GN 03110.005 ff. to process the appeal.

F. Payment During Appeal

1. GENERAL RULE

If the recipient received a regular monthly payment in the month immediately preceding the month the payment ceiling was first exceeded, pay the prior monthly amount until the appeal is decided, unless intervening events would result in a correct payment; which is higher, in which case, pay the higher payment determined to be correct.

For purposes of determining the amount to pay during an appeal, the term "intervening event" refers to any changes in eligibility status which occurred within the month immediately preceding the month the payment ceiling was first exceeded and up to the date the erroneous payment was actually made. It does not include changes occuring after the payment ceiling was first exceeded. Under this rule, three different payment rates are possible:

a. The amount paid in the month immediately preceding the month the payment ceiling was first exceeded;
b. The amount SSA was attempting to pay in the month the payment ceiling was first exceeded; and
c. The amount determined to be correct at the point the error is being corrected. Pay the highest of these three amounts during the appeal.

Example 1.
A recipient in category 1 (SI 02301.630.A.) received a regular monthly payment of $100 on August 1. In processing a change to reduce his payment to $50 due to additional income, a payment of $500 is erroneously generated on September 1. If the recipient appeals the proposed action to reduce his/her payment to $50, pay $100 until the appeal is decided.

Example 2.
A recipient in category 1 (SI 02301.630.A.) received a payment of $118.54 on August 1, based on the fact that he/she was living in the household of another. In processing a change to increase his/her payment to $177.80, because he changed to living in his/her own household, a payment of $1,778.00 was erroneously made on September 1. Payment of $177.80 will be made for October on, regardless of whether the recipient appeals the reduction or not.

Example 3.
A recipient in category 1 (SI 02301.630.A.) received a payment of $118.54 in January, based on the fact that he/she was living in the household of another and had no other income. In processing a change to increase his payment to $177.80 because he/she changed to living in his/her own household, a payment of $1,778.00 was erroneously made in February. The error is discovered in March when the recipient reports that he/she has begun receiving unearned income of $120 per month. (A payment of $1,778.00 was also made in March). A Notice of Planned Action is sent to the recipient on March 10 advising him/her that his/her payment is being reduced to the correct amount of $77.80 effective April 1. If he appeals the proposed action, pay $177.80 until the appeal is decided.

Example 4.
A recipient in category 1 (SI 02301.630 A.) received a payment of $25 in January, based on living in a title XIX institution and having no other income. It is determined that effective February 1, the recipient is living in the household of another and eligible for a payment of $118.54. However, in processing the determination a payment of $1,185.40 is erroneously made in February. This payment continues until discovered on July 5, at which point it is learned that the recipient has been living in his/her own household since March 30, and began receiving unearned income of $100 a month on July 1. A Notice of Planned Action is sent to the recipient on July 7 advising him/her that his/her payment is being reduced to the correct amount of $97.80 beginning August 1. If he/she appeals the proposed action, pay $118.54 until the appeal is decided. (Although the recipient was eligible for $177.80 for April, May, and June, this amount would not be paid during the appeal since the change in living arrangement occurred after the payment ceiling was first exceeded.)

2. RECIPIENT IN NONPAYMENT STATUS

Two situations are possible when the recipient was in nonpayment status in the month immediately preceding the month the payment ceiling was first exceeded.

a. No Reinstatement Proper

After discovering that payment in excess of the applicable payment ceiling was made, it is determined that the recipient's eligibility status should have remained unchanged; i.e., no reinstatement action was proper. In this case, even though the recipient appeals the action reducing his payment to zero, he/she has no right to any payment during the appeal, since he/she properly should not have been brought out of nonpayment status.

b. Recipient Eligible for Some Payment

After discovering that payment in excess of the applicable ceiling was made, it is determined that the recipient is actually eligible for some payment, but less than the payment made. If the recipient appeals the determination establishing his/her correct payment, he/she has the right to receive either the amount SSA was attempting to pay in the month the payment ceiling was first exceeded, or the amount determined to be correct at the point the error is being corrected, whichever amount is higher.

Example 1.
A recipient in category 1 (SI 02301.630.A.) is in suspense status in March due to excess resources. Based on a report that his/her resources no longer exceed the allowable amount, a determination is made that he/she is eligible for $100 beginning April 1. In effectuating the determination, an error is made which generates a payment of $500 for April. The recipient appeals the proposed action to reduce his/her payment to $100, the amount for which he/she has been determined eligible. The recipient has the right to receive only $100 beginning May 1 regardless of whether he/she appeals or not.

Example 2.
A recipient in category 2 (SI 02301.630.A.) was in suspense status for January through March due to being outside the United States. In the month prior to suspension the recipient had been eligible for a monthly payment of $259 based on the fact he/she was living in his/her own household. In March, he/she reports facts establishing that he meets the requirement for reinstatement of payments effective April 1. He/she also reports that beginning April 15, he/she will begin living in his/her brother's household and expects the arrangement to continue indefinitely. Based on this information, it is determined that the recipient is eligible for $259 effective April 1 and $206 beginning May 1. A notice of reinstatement and the payment rates is sent to the recipient. In processing the reinstatement action, a payment of $2,590 is released for April and $2,060 for May. The error is discovered in May, a Notice of Planned Action is sent advising that payment will be reduced to $206 beginning June 1, and the recipient appeals the determination. Payments are continued at $259 (the amount SSA attempted to pay in April) until the appeal is decided.

3. MULTIPLE PAYMENTS

Instructions on the payment amount to be continued during an appeal in multiple payment cases are provided in SI 02301.625. However, multiple payment cases are also subject to the payment ceiling exception. Thus, if the highest of the multiple payments made exceeds the applicable payment ceiling, the recipient has no right to continuation of that amount during an appeal. Rather, apply the following rules:

a. If one or more, but not all of the multiple payments exceed the applicable payment ceiling continue payment at the rate of the highest of the multiple payments that falls within the payment ceiling, or the amount of payment determined to be correct, if higher.

b. If all of the multiple payments exceed the payment ceiling:

1) Go back to the latest prior month in which all multiple payments did not exceed the payment ceiling and continue payment at the rate of the highest of the payments that did not exceed the payment ceiling, or at the amount determined to be correct, if higher.

2) Pay the amount determined to be correct when all of the multiple payments exceeded the payment ceiling, both currently and for all prior months (i.e., all payments received since initial eligibility exceeded the ceiling).

4. OTP'S

In any case under appeal in which payment is required in an amount greater than the amount determined to be correct, pay the difference under the OTP procedures until the appeal is resolved.

02301.635 Effect of Appeal Decision on Payment Continuation

When the recipient is appealing multiple adverse actions, see SI 02301.645.G.

When a decision at the initial level of appeal has been rendered on all issues, the recipient's rate should be adjusted to the proper continuing rate as determined by the appeal decision. If a subsequent action occurs to change this rate before it has been paid, the determination of whether the action is adverse is based on a comparison of the rate due after the appeal decision was rendered to the new rate due.

Example:
Jack was paid $100 under the payment continuation provisions for January. He was due only $50. An appeal decision was rendered in January and Jack will now be paid $50 for February. If Jack reports a change in income which would change his February check to $75, this is not an adverse action. Although Jack was paid $100 for January, he was due only $50. Since the appeal decision has been rendered, the $75 due for February is compared to the $50 due for February, not to the $100 paid for January.

02301.640 Correction of Errors in Appeal Decision

If the reconsideration decision notified the recipient of an erroneous new rate due, the correction procedure depends on whether or not the correction can be made before the check is issued in the wrong amount and whether the rate actually due is higher or lower than the rate stated in the appeal notice.

A. Check Amount Can be Corrected

If the check can be corrected to the proper amount, a revised Notice of Reconsideration is sufficient to correct the error. Since the recipient has not yet been paid the incorrect amount, he is not entitled to advance notifica-

tion under the due process procedures, even if the corrected rate is lower than the rate proposed in the appeal notice.

Example:
A Notice of Reconsideration was issued to Jack which erroneously stated that he was due $150 per month. The correct rate due was $140 per month. If Jack's check can be adjusted to $140 for the first check issued after reconsideration notice, Jack may be notified by a revised Notice of Reconsideration.

B. Check Amount Cannot be Corrected

If the check amount cannot be corrected to the proper amount, a revised Notice of Reconsideration may not be used. A Notice of Planned Action must be used, if the check amount actually due is a reduction. A Notice of Revised Determination with appeal rights to a hearing must be used if the proper rate is an increase.

Example:
A Notice of Reconsideration was issued to Gertrude which erroneously stated that she was due $110 per month. The correct rate was $90 per month. If Gertrude is actually paid $110 for at least 1 month, a Notice of Planned Action must be issued before reducing her payment.

02301.645 Processing of Subsequent Events During Period of Payment Continuation

A. General

During the period in which a recipient's payment amount is being maintained because of an appeal of a proposed adverse action, subsequent events may occur which would affect the payment amount. Such events include, but are not limited to, a change of living arrangement, change in countable income, or cost-of-living (COL) or legislative increase in the basic Federal benefit or State supplementation. When such an event occurs, it will be necessary for the DO/BO to:

1. Manually recompute the protected payment level (PPL) for the individual (see B. below);
2. Notify the system of the new PPL (see SM T01305.615);
3. Suppress the systems-generated notice; and
4. Manually prepare and send a notice to the recipient explaining the effect of the subsequent event on the amount of payment continuation (see I. below).

B. Recomputation of PPL

When a subsequent event occurs (including COL or legislative increases), the DO/BO will recompute the recipient's PPL using the rules for computing payments described in SI 02002.001 ff. (If the subsequent event occurred prior to April 1, 1982, see SI 02002.001 ff. for computing payments.) The computation of the payment amount is to be based on the current facts, excluding the facts/effect of the adverse determination which is being appealed.

Example 1.
If the adverse determination being appealed at the time of a COL or legislative increase is the cessation of disability (the effect of which is ineligibility), do not use the determination of ineligibility in computing the new PPL.

Example 2.
If the adverse determination concerns a reduction because of a determination that sharing no longer exists (now an LA/B, rather than LA/A), computation of a new PPL at the time of COL would exclude the effect of the adverse determination and be based on the prior facts (i.e., LA/A).

Other examples include, but are not limited to, changes in countable income or living arrangement when the determination of record is ineligibility due to cessation of disability. In each instance, when there is to be a change in payment amount, the DO/BO will need to suppress the systems-generated notice and send the recipient a manually prepared notice (see I. below), and notify the system of the new PPL (see SM T01305.615).

C. COL or Legislative Changes

1. When there is a COL or any legislative increase in the Federal benefit rate (FBR), the DO will receive control lists of all recipients in their service area who are appealing an adverse decision and are receiving payment at a PPL. These control lists will be generated during one of the monthly redetermination merge runs in the central office a few months prior to the effective date of the annual COL or (time permitting) any legislative increase. For example, in 1983, the March merge run also includes Goldberg/Kelly payment continuation cases subject to the special July 1983 increase in the FBR, pending resolution of the initial appeals issues involved. (See SM 01501.210.B.1.f. and SM T01501.210.B.3.a.11.) The monthly merge run control lists involved will be forwarded to the DO's soon after the run (e.g., the March 1983 merge run lists will be forwarded to DO's in April 1983).

   It will be necessary for the DO's to obtain SSID's on all cases on the control lists.

   NOTE: *See 3. below if a recipient begins a PPL after the date of the control list and before the effects of the COL or legislative increase are applied (e.g., in 1983 after March 31 and before July 1).*

   These instructions assume annual COL increases effective January 1 (beginning January 1, 1984).

2. When the control lists described in 1. above are received, the DO/BO will:

   a. Obtain a current online query (i.e., SSID) to verify that the appeal is still pending and to obtain the title II income effective January.
   b. Review the claims folder (only if available within the DO/BO) to see if there have been any changes in circumstances that are not on the SSR;

c. Recompute and input the recipient's PPL based on the current facts in the case which are not being appealed and the new FBR (see SI A02002.018);
d. Notify the recipient of the effect of the COL increase to the FBR (see 1. below);
e. Manually control the case and repeat steps 2.a. through c. above to recompute the PPL effective January, if appropriate (i.e., SSR displays title II income for January); and
f. Notify the recipient of the new PPL effective January (see 1. below).

3. As discussed in 1. above, since records are selected for the COL listing during a redetermination merge a few months before the effective date of the COL or legislative increase, flag and manually control any new case involving continuation of payment received after the run and before the COL or legislative increase effective date (e.g., in January 1984) until the effects of the COL increase are applied (see 2. above).

   Central office will advise DO's by teletype, NEWS bulletin, or other means about the date of the appropriate Goldberg/Kelly COL or legislative increase merge run and any related changes.

D. Systems Interfaces or Recipient Notification of a Change

When a recipient is receiving continuation of payment and a change is posted to the SSR as the result of a systems interface, the DO/BO will receive a G6 alert to recompute the recipient's PPL and take other appropriate action as necessary (see B. above and SM T01305.615).

When the recipient notifies the DO of a change in circumstances or the DO learns of a change including the entering of a title XIX facility, the DO will:

1. Recompute the recipient's PPL taking into account the change;
2. Notify the system of the new PPL;
3. Suppress the systems-generated notice; and
4. Notify the recipient of the effect of the change by the appropriate manually-prepared notice.

E. Increase to PPL

When, as a result of a recomputation of the PPL (see C. and D. above), the recipient's continued payment amount is to be increased, the DO will:

1. Input the recomputed higher PPL to the SSR (see SM T01305.615); and
2. Send the recipient a manually-prepared SSA-L8151-U2 (Notice of Change) (see 1.4. below).

The system will pay the recipient the new PPL effective for the systems current computational month (CCM) and subsequent months until the initial decision on the appeal is rendered. If the new PPL should be effective for a month(s) prior to the systems CCM, any retroactive increase should be paid by an automated one-time payment (OTP).

F. Decrease to PPl

When, as a result of the recomputation of the PPL, the recipient's continued payment should be decreased, he or she must be sent a second Notice of Planned Action (see 1.5. below) unless the cause of the decrease is an exception to the advance notice requirements described in SI 02301.60.C. Input the recomputed lower PPL to the SSR (see SM T01305.615). If the recipient appeals the second Notice of Planned Action timely, restore the recomputed PPL to the original PPL. The original PPL would remain in effect until an initial appellate determination is rendered (see G. below).

G. Multiple Appeals

As in single adverse actions, when the recipient is appealing multiple adverse actions (e.g., suspension due to excess resources and subsequent increase in countable income), the DO/BO is responsible for maintaining the accuracy of the PPL on the SSR. The PPL is to be based on the current facts, excluding the facts/effect of the adverse determination(s) being appealed. However, once an initial appellate determination is rendered, that determination is used in determining any subsequent PPL.

Example:
Allan Albright is appealing the determination that he is ineligible due to excess resources. His PPL is $150. Before the reconsideration determination is made, we learn that his son is providing him with $50 a month additional countable income. We notify him that we plan to reduce his benefits to $100. He appeals this determination. His PPL is restored to $150. We subsequently affirm our determination with respect to the additional $50 of countable income. The system is then notified to reduce the PPL to $100 pending the outcome of the reconsideration determination on the issue of excess resources.

H. Recipient's SSI Eligibility Suspended/ Terminated, or Payments Stopped

During an appeal with the PPL in force, reduce the PPL to zero if, due to a subsequent event:

1. Eligibility should be suspended or terminated; or
2. Payments should be stopped even though the recipient meets the SSI eligibility requirements (i.e., the recipient lacks a representative payee (PS Code S08); or the recipient is eligible but due no payment (PS Code E01)).

A Notice of Planned Action must be issued to the recipient (see I.6. below). Notify the system of the zero PPL (see SM T01305.615). If, within 10 days of receipt of the Notice of Planned Action, the recipient does not appeal the determination of ineligibility or stop payment, his right to continued payments is suspended. If the recipient later becomes eligible for payment and his initial appeal of the first event is still pending, his right to continued payments is reinstated (see G. above).

Example:
Peter Stone is due $90 per month, but is being paid $150 because he appealed within the 10-day period and did not waive continuation of payment. In September, he reports that he has entered, and will remain, in a public institution. Since this change of living arrangements makes him ineligible for SSI payments for October on, a Notice of Planned Action must be issued to him. If Peter does not appeal the determination that he is in a public institution within 10 days of receipt of the notice, his SSI payments will be stopped as long as he remains in the public institution. If Peter leaves the public institution while his prior appeal is still pending, his PPL must be recomputed and reinstated based on the current facts in the case which are not being appealed.

I. Notices

1. GENERAL

When the claims file or the SSIRD shows the recipient has requested notices in Spanish and the notice is to be for a reduction, suspension, or termination, use the Spanish language cover sheet. (See GN 99007.E and GN 99095.)

2. COL NOTICE

Generally, the COL recomputation results in an increase to the PPL beginning January and the recipient should receive a Notice of Change (SSA-L8151-U2). If the recomputation results in the PPL being reduced to zero, see I.6. below. If the recipient has title II income, see b. below.

a. When the recipient's PPL increases, suppress the systems-generated notice. Manually prepare and send a Notice of Change (SSA-L8151-U2). The notice should contain the following:

"BEGINNING JANUARY 1984 THE AMOUNT DUE YOU WILL BE INCREASED. THE AMOUNT DUE YOU WILL BE (a). (b)

THE REASON THE AMOUNT IS BEING RAISED IS THAT THE LAW PROVIDES FOR AN INCREASE IN SUPPLEMENTAL SECURITY INCOME PAYMENTS BEGINNING EACH JANUARY IF THERE WAS AN INCREASE IN THE COST OF LIVING DURING THE PAST YEAR.

YOU WILL RECEIVE THIS INCREASED SSI PAYMENT UNTIL A DECISION IS MADE ON YOUR APPEAL. DEPENDING ON THE OUTCOME OF YOUR APPEAL, YOU MAY HAVE TO PAY BACK ANY MONEY YOU WERE NOT ELIGIBLE TO RECEIVE. THIS PAYMENT AMOUNT IS BASED ON THE FACTS IN YOUR CASE OTHER THAN THOSE INVOLVED IN THE DETERMINATION YOU ARE APPEALING. IN DETERMINING THE AMOUNT OF YOUR MONTHLY PAYMENTS, WE MUST USE THE INCOME FOR NOVEMBER 1983 PLUS THE AMOUNT OF ANY INCREASE IN YOUR SOCIAL SECURITY BENEFITS IN JANUARY 1984. OUR RECORDS SHOW THAT FOR NOVEMBER 1983, INCOME WAS (c). (d). (e)."

The DO must fill in:

(a) The new PPL in dollars and cents.
(b) For States that have federally administered State supplements, add:
"THIS AMOUNT INCLUDES (1) FROM THE (2)."
(1) The State supplement PPL in dollars and cents.
(2) "STATE OF (Name of State)/DISTRICT OF COLUMBIA."
(c) Total monthly income (i.e., income before any deductions).
(d) If fill-in (c) is greater than zero, insert: "THAT INCOME INCLUDES:" followed by a listing of the source and amount of income.
(e) If countable income for January includes title II, see CN 00804.002.W. and CN A00804.002.J., for appropriate language and insert additional paragraph(s) as needed.

b. If the recipient has title II income for January, the PPL effective January may decrease. When this occurs, suppress the systems-generated notice. Manually prepare and send a Notice of Planned Action (SSA-L8155-U2). The notice should contain the following:

"BEGINNING JANUARY 1984 THE AMOUNT DUE YOU WILL BE REDUCED. THE AMOUNT DUE YOU WILL BE (a). (b) THIS PROPOSED CHANGE IN YOUR CHECK AMOUNT IS NOT RELATED TO THE DETERMINATION YOU ARE APPEALING. WE WILL REDUCE YOUR CHECK, AS SHOWN ABOVE, UNLESS YOU ALSO APPEAL THIS DETERMINATION WITHIN 10 DAYS. DEPENDING ON THE OUTCOME OF YOUR APPEAL, YOU MAY HAVE TO PAY BACK ANY MONEY YOU ARE NOT ELIGIBLE TO RECEIVE."

The DO/BO must fill in:

(a) The new PPL in dollars and cents.
(b) For States that have federally administered State supplements, add:
"THIS AMOUNT INCLUDES (1) FROM THE (2)."
(1) The State supplement PPL in dollars and cents.
(2) "STATE OF (Name of State)/DISTRICT OF COLUMBIA."
In addition, the reason for the reduction should be explained. Use the appropriate referenced paragraph(s) in CN 00804.001 ff. and CN A00804.002.

3. JULY 1983 INCREASE

a. Effective July 1983, the Federal benefit rates

(FBR's) and the essential person increment will increase. The next cost-of-living (COL) increase will occur in January 1984. (See CN A00804.00-A00804.002 for additional notice language concerning the July 1983 legislative increase in SSI payments.)

Since the July 1983 increase does not involve title II benefits, the only notice language for Goldberg/Kelly purposes relates to an increase in the SSI PPL resulting from this legislative increase.

b. When the recipient's PPL increases, suppress the systems-generated notice. Manually prepare and send a Notice of Change (SSA-L8151-U2). The notice should contain the following:

"BEGINNING JULY 1983, THE AMOUNT DUE YOU WILL BE INCREASED.

THE AMOUNT DUE YOU WILL BE __(a)__. (b) THE AMOUNT DUE YOU IS BEING RAISED BECAUSE A NEW LAW PROVIDES FOR AN INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI) PAYMENTS BEGINNING JULY 1983.

YOU WILL RECEIVE THIS INCREASED SSI PAYMENT UNTIL A DECISION IS MADE ON YOUR APPEAL. DEPENDING ON THE OUTCOME OF YOUR APPEAL, YOU MAY HAVE TO PAY BACK ANY MONEY YOU WERE NOT ELIGIBLE TO RECEIVE. THIS PAYMENT AMOUNT IS BASED ON THE FACTS IN YOUR CASE OTHER THAN THOSE INVOLVED IN THE DETERMINATION YOU ARE APPEALING. IN DETERMINING THE AMOUNT OF YOUR MONTHLY PAYMENTS, WE MUST USE THE INCOME FOR MAY 1983. OUR RECORDS SHOW THAT FOR MAY 1983 YOUR INCOME WAS __(c)__. (d)"

The DO/BO must fill in:

(a) The new PPL in dollars and cents.
(b) For States that have federally administered State supplements, add:

"THIS AMOUNT INCLUDES __(1)__ FROM THE __(2)__."

(1) The State supplement PPL in dollars and cents.
(2) "STATE OF (Name of State)/DISTRICT OF COLUMBIA."

(c) Total monthly income (i.e., income before deductions).
(d) If fill-in (c) is greater than zero, insert: "THAT INCOME INCLUDES:" followed by a listing of the source and amount of income.

4. INCREASE IN PPL

When the recipient experiences a change of circumstance while receiving continuation of payment and the effect of the recomputation of the PPL is an increase, suppress the systems-generated notice, and manually prepare and send a Notice of Change (SSA-L8151-U2). The notice should contain the following:

"THE AMOUNT OF YOUR CHECK BEGINNING __(a)__ WILL BE __(b)__. __(c)__ WHILE YOUR (RECONSIDERATION/HEARING) REQUEST OF __(d)__ IS PENDING, WE WILL BE PAYING YOU THE AMOUNT SHOWN ABOVE. THIS AMOUNT IS BASED ON THE FACTS IN YOUR CASE OTHER THAN THOSE INVOLVED IN THE DETERMINATION YOU ARE APPEALING. DEPENDING ON THE OUTCOME OF YOUR APPEAL, YOU MAY HAVE TO PAY BACK ANY MONEY YOU ARE NOT ELIGIBLE TO RECEIVE."

The DO/BO must fill in:

(a) Month and year new amount will be paid.
(b) Dollar and cents for the amount of the check.
(c) For States that have federally administered State supplements, add:

"THIS AMOUNT INCLUDES __(1)__ FROM THE __(2)__."

(1) The State supplement PPL in dollars and cents.
(2) "STATE OF (Name of State)/DISTRICT OF COLUMBIA."

(d) Date of appeal.

In addition, the reason for the change should be explained. Use the appropriate referenced paragraphs(s) in CN 00804.001 ff. and CN A00804.002.

5. DECREASE IN PPL

When the recipient experiences a change of circumstances while receiving continuation of payment and the effect of the recomputation of the PPL is a decrease, suppress the systems-generated notice. Manually prepare and send a Notice of Planned Action (SSA-L8155-U2). The notice should contain the following:

"THE AMOUNT OF YOUR CHECK BEGINNING __(a)__ WILL BE __(b)__. __(c)__ THIS PROPOSED CHANGE IN YOUR CHECK AMOUNT IS NOT RELATED TO THE DETERMINATION YOU ARE APPEALING. WE WILL REDUCE YOUR CHECK, AS SHOWN ABOVE, UNLESS YOU ALSO APPEAL THIS DETERMINATION WITHIN 10 DAYS. DEPENDING ON THE OUTCOME OF YOUR APPEAL, YOU MAY HAVE TO PAY BACK ANY MONEY YOU ARE NOT ELIGIBLE TO RECEIVE.

The DO/BO must fill in:

(a) Month and year new amount will be paid.
(b) Dollar and cents amount of check.
(c) For States that have federally administered State supplements, add:

"THIS AMOUNT INCLUDES __(1)__ FROM THE __(2)__."

(1) The State supplement PPL in dollar and cents.
(2) "STATE OF (Name of State)/DISTRICT OF COLUMBIA."

In addition, the reason for the reduction should be explained. Use the appropriate referenced paragraph(s) in CN 00804.001 ff. and CN A00804.002.

6. SUSPENSION/TERMINATION OR STOP PAYMENT

When the recipient experiences a change of circumstance while receiving continuation of payment and the effect of the recomputation of PPL is ineligibility or stop payment, suppress the system-generated notice. Manually prepare and send a Notice of Planned Action (SSA-L8155-U2). The notice should contain the following:

"PAYMENTS WILL STOP BEGINNING __(a)__.

THIS CHANGE IN YOUR SUPPLEMENTAL SECURITY INCOME __(b)__ IS NOT RELATED TO THE DETERMINATION YOU ARE APPEALING. WE WILL STOP YOUR CHECK, AS SHOWN ABOVE, UNLESS YOU ALSO APPEAL THIS DETERMINATION WITHIN 10 DAYS.

YOU CANNOT GET SUPPLEMENTAL SECURITY INCOME CHECKS BECAUSE __(c)__.

ALTHOUGH YOU ARE NOT ELIGIBLE FOR SUPPLEMENTAL SECURITY INCOME PAYMENTS, YOU MAY BE ELIGIBLE FOR MEDICAL ASSISTANCE (MEDICAID). IF YOU HAVE ANY QUESTIONS ABOUT ELIGIBILITY FOR MEDICAID OR NEED MEDICAL ASSISTANCE, YOU SHOULD GET IN TOUCH WITH __(d)__."

The DO/BO must fill in:

(a) Month and year payments will stop. When the change in circumstances coincides with the January COL increase and the result is suspension of eligibility, substitute the applicable paragraph in CN 00804.002.W. or CN A00804.002.J. for the first paragraph above.

(b) For suspensions/terminations, "ELIGIBILITY;" for stop payments, "PAYMENTS."

(c) Explanation for suspension/termination or stop payment. (See CN 00804.001 ff. and CN A00804.002 for paragraphs that can be used. However, for stop payment due to lack of representative payee, see SI 02301.275.C.)

(d) See paragraph number 1153 in CN 00804.002.A.

Appeals Council Remand of Medical Cessation

02301.690 Remand of Medical Cessation by Appeals Council

A. General: Payment continuation for AC remands

The Appeals Council (AC) may vacate a hearing decision and remand the case to the Administrative Law Judge (ALJ) for further proceedings.

When a case is remanded

- the prior ALJ decision is vacated (i.e., nullified) *and*
- there no longer is in effect any valid action for ending eligibility for continued payments.

If the remand occurs in a blindness/medical cessation case (title XVI only or concurrent title II/title XVI), the Field Office (FO) or other component responsible for effectuation of the AC action should

- take action to reinstate or start continued payments as described in SI 02301.691 B. below *and*
- discontinue overpayment development based on the prior, vacated ALJ's decision *and*
- redetermine the remanded case per SI 02301.691 B. below.

NOTE: Included are remands received based on AC own motion review, recipient's request for AC review, and court ordered remands.

B. Applicability of these instructions

The instructions in this section and sections SI 02301.691 and SI 02301.692 below apply prospectively to all title XVI only, or concurrent title II/title XVI medical cessation cases received

- in the Hearings Office (HO) with an AC remand order *or*
- in the FO upon AC remand with Exhibit 1 (SI 02301.692) attached.

02301.691 Action to Initiate Continued Payments

A. Initial actions

In all title XVI only and title II/XVI concurrent medical cessation remands (from the Appeals Council (AC) or a court) issued to the HO the following initial actions will be taken by the indicated component.

Component	*Action*
AC	Will send • the HO the remanded case with a route slip identifying it as a possible payment continuation case • the servicing FO — a copy of the remand order, — a payment status request (SI 02301.692, Exhibit 1), *and* — a Form HA-505 transmittal slip with the notation: "Possible Title XVI Payment Continuation Case. Please perform queries for this case and take the actions indicated on the attached SSI payment status request as soon as possible. See SI 02301.690 ff."

Component	*Action*
FO	Will • telephone the HO to advise of the recipient's payment status (in order to expedite the HO notice about continued payments) • mail the HO the payment status request (SI 02301.692, Exhibit 1) for association with the folder.
HO	Will mail a notice of payment continuation rights • to the recipient • to the representative, if any (i.e., a copy). **NOTE:** The content of the notice and HO processing will depend on whether the SSI recipient received continued payments previously. (See B. below.)

B. Subsequent HO and FO actions

The following HO and FO actions will be taken after the initial actions in A. above.

IF the recipient . . .	*AND IF the recipient . . .*	*THEN . . .*
Received continued payments before the previous ALJ decision	Is *not* in current payment status	*The HO will* • identify case as received on remand because of vacated ALJ decision • send notice to the SSI recipient explaining that — the case has been returned to an ALJ for a new decision — continued payments will begin again *unless* he/she wants to waive them — he/she may have to repay the continued payments if he/she loses the appeal *The FO will* contact the recipient to • arrange a redetermination as described in SI 02305.001 ff. • ascertain if the recipient wants payments reinstated **NOTE:** If the recipient *waives* continued payments complete a statement per SI 02301.610 and send it to the HO for association with the file. • obtain information needed to resume payments.

<table>
<tr><th>IF the recipient . . .</th><th>AND IF the recipient . . .</th><th>THEN . . .</th></tr>
<tr><td>Received continued payments before the previous ALJ decision (Cont.)</td><td>Is not in current payment status (Cont.)</td><td>
<table>
<tr><th>IF the recipient desires reinstatements of continued payments and ...</th><th>THEN the FO will . . .</th></tr>
<tr><td>Alleges no work and, according to the allegation, nondisability factors will not lower the protected payment amount</td><td>• reinstate current payment immediately per SI 02301.605 A.

• notify the recipient using an SSA-L8165, SSI Notice of Decision (Include language as given in DI 12542.095)
• redetermine for nondisability factors
• issue retroactive payment beginning with the month terminated by the ALJ's decision.</td></tr>
<tr><td>Alleges a nondisability change (e.g., income or living arrangement change) permitting payment at less than the protected payment level</td><td>• reinstate current payment immediately at the protected payment level (PPL) per SI 02301.605 A.

• notify the recipient using an SSA-L8165, SSI Notice of Decision
• redetermine for nondisability factors
• reduce the PPL
• notify the recipient of the reduced payment amount and his/her right to appeal using an SSA-8155, SSI Notice of Planned Action
• reinstate payments at the reduced PPL retroactive to the month terminated by the ALJ's decision</td></tr>
</table>
</td></tr>
</table>

<table>
<tr><th>IF the recipient . . .</th><th>AND IF the recipient . . .</th><th>THEN . . .</th></tr>
<tr><td rowspan="2">Received continued payments before the previous ALJ decision (Cont.)</td><td>Is not in current payment status (Cont.)</td><td>
<table>
<tr><th>IF the recipient desires reinstatements of continued payments and ...</th><th>THEN the FO will . . .</th></tr>
<tr><td>Alleges nondisability changes that do not permit payment (e.g., excess resources)</td><td>• reinstate current payment immediately at the PPL per SI 02301.605 A.
• notify the recipient using an SSA-L8165, SSI Notice of Decision
• redetermine for nondisability factors
• process an adverse action
• issue an SSA-L8155, SSI Notice of Planned Action
• do not reinstate retroactive payments</td></tr>
</table>
NOTE: Process any subsequent changes in nondisability factors as a subsequent event during a period of payment continuation (SI 02301.645). This includes changes in nondisability factors resulting from verification, the SSI redetermination process, or other recipient contacts subsequent to reinstatement.
</td></tr>
<tr><td>Is in current payment status</td><td>HO will

• identify case as received on remand because of vacated ALJ decision
• send a notice to the SSI recipient advising that payments will continue until the ALJ issues a new decision

FO will

• review the file to make sure payment status and payments are correct
• make any necessary adjustment in payments as instructed in SI 02301.601 ff.

NOTE: No action is necessary to reinstate payments.</td></tr>
</table>

<table>
<tr><th>IF the recipient . . .</th><th>AND IF the recipient . . .</th><th>THEN . . .</th></tr>
<tr><td>Did not receive continued payments before the previous ALJ decision</td><td>—</td><td>The HO will
• identify the case as received on remand because of vacated ALJ decision
• send the SSI recipient notice advising of
— right to elect continued payments
— need to contact FO within 10 days of receipt of notice if payment continuation is desired
• send FO a notification in the format of SI 02301.692, Exhibit 2 (with a copy of the notice to the SSI recipient)
The FO will
<table>
<tr><th>IF the recipient . . .</th><th>THEN . . .</th></tr>
<tr><td>Does not contact the FO</td><td>take no action on continued payments</td></tr>
<tr><td>Contacts the FO more than 15 days after the date of the HO reinstatement notice</td><td>develop good cause per SI 02301.605 C.</td></tr>
<tr><td>Contacts the FO to request continued payments</td><td>• query the SSR
• locate the FO copy of the reinstatement notice
• telephone the HO to verify the payment history and appeals status (as necessary)
• have the recipient sign a written request for payment continuation
• send the recipient's request for payment continuation to the HO
• redetermine for nondisability factors
• if the redetermination permits, reinstate payment of the Protective Payment Level effective with the month of the AC remand order (SM 01305.500 ff.)
• if nondisability factors do not permit payment or if the recipient may be rendering SGA, do not reinstate payments, and process an adverse action using an SSA-L8166 or expedite SGA development per DI 12025.120 C.</td></tr>
</table></td></tr>
</table>

C. Good cause for late filing

An SSI recipient who did not previously receive continued payments has *10 days from the receipt of the HO notice* to request payment continuation. Good cause for late filing of the request will be determined per SI 02301.605 C.

NOTE: Timely filing is assumed if the request is filed within *15 days* (10 days plus 5 days for mailing) *from the date of the HO notice* of the right to elect payment continuation.

D. SSI recipient initiates action

If the SSI recipient contacts the FO before receiving the HO notice regarding continued payments and states that the ALJ's decision has been remanded, handle as follows:

The FO will

- phone the HO that last had the claim to verify
  - — that a remand order has been issued
  - — the date of the order
- accept the recipient's request for continued payment on an SSA-795 (if the case is still pending without a final ALJ or dismissal order)
- send the written request to the HO
- develop good cause for failure to file timely (if necessary)

  NOTE: Develop good cause per SI 02301.605 C. if
  - — the recipient alleges good cause for failure to request continued payments when the original adverse notice or reconsideration notice was issued, *and*
  - — no good cause determination on the issue has been made previously
- redetermine and arrange for continued payments per SI 02301.605 and subsection B. above
- issue an SSA-L8165-U2 notice.

The HO will

- upon request advise the FO by telephone
  - — whether a remand has been issued by the AC
  - — the current status of the claim
- send a written confirmation of the above by memorandum in the format in SI 02301.692, Exhibit 2
- *not* send a notice about payment continuation.

E. Payment continuation date

The effective date for payment continuation in an individual medical cessation case is as follows:

EFFECTIVE DATE IS . . .	***IF . . .***
retroactive to the month continued payments previously discontinued as a result of the *prior ALJ decision*	the SSI recipient received continued payments until the ALJ decision.
the first day of the month of the *AC remand order*	the recipient • received a medical cessation and was eligible for continued payments but — did not request them timely and good cause was not found for failure to file timely, *or* — for any reason did not receive continued payments before the previous ALJ decision, and • now requests payment continuation.
the *earlier month of nonpayment* as a result of the initial cessation or disability hearing reconsideration	• a good cause determination was not previously made, *and* • good cause is now found for failure to appeal within 10 days after receipt of the cessation notice or reconsideration notice.

F. Actions when subsequent ALJ decision is made

The following applies with respect to the ALJ decision after remand:

IF . . .	***THEN . . .***
Claim is approved	continued payments are superseded by ongoing SSI payments.
Claim is denied or dismissed by ALJ or AC	• eligibility for continuation of payments ceases • if the recipient is receiving continued payments, *the HO or AC* will — complete and send to the FO a termination memorandum (SI 02301.692, Exhibit 3 if the ALJ issues the unfavorable decision; Exhibit 4 if the ALJ recommended a decision and the AC issues the final unfavorable decision) — send a copy of the decision to the FO • *the FO* will terminate continued payment upon receipt of an Exhibit 3 or 4 memorandum.

IF . . .	*THEN . . .*
No decision or dismissal has been received 120 days after the date of remand	*The FO* will request status from HO.

G. Overpayments

The FO will discontinue all overpayment development based on the prior ALJ's decision upon receiving notice that the AC has vacated and remanded the decision.

If, subsequent to the remand, the second decision affirms the cessation or dismisses the appeal, the

- *HO will*

  — issue the decision of affirmation or dismissal, *and*
  — notify the servicing FO per GN 03110.325 to terminate continued payments.

  NOTE: In some situations the ALJ will recommend and the AC will issue the decision.

- *FO will*

  — terminate continued payments, and
  — notify the recipient about the overpayment and right to request waiver. (See SI 02301.605 A.2. regarding overpayments resulting from payment continuation.)

H. Representatives

An *authorized representative* cannot make the payment continuation request for the recipient since an authorized representative cannot be held liable for repayment of an overpayment.

A *representative payee* can make the election for continued payment because a representative payee could be liable for repayment of an overpayment.

02301.692 Remand of Medical Cessation by Appeals Council: Exhibits

A. General

The exhibits below show requests and memoranda used by the AC or HO as described in SI 02301.690 and SI 02301.691.

B. Exhibit 1: AC request to FO for payment status of recipient (front)

SSI Payment Status Request -- Please Expedite

Part 1. (To be completed by AC)

The case of the individual named below has been remanded to an Administrative Law Judge for further proceedings. A copy of the remand order is attached.

a. _____ Individual's Name

b. _____ SSN

c. _____ Date of Remand Order

d. _____ Date of Prior Request for Hearing

e. _____ Date of Prior Decision or Dismissal Order

f. This case was remanded to:

_____ HO

_____ Address

_____

_____

_____ Telephone
(Commercial with area code)

_____ Name of Hearing Office
Manager or other contact person

Exhibit 1: AC request to FO for payment status of recipient (back)

Part 2. (To be completed by FO)

So that the individual may be promptly notified of his or her rights to continued payments, please perform SSI queries, check off the appropriate category, and take the actions indicated. (Refer to POMS SI 02301.690 for further instructions.)

(Check one)

___ a. Individual received continued payments before at the ALJ hearing level, but is not receiving payments now. HO will send Notice #1. FO will reinstate payments prospectively, will complete a redetermination and will then issue a check retroactive to the first month of nonpayment following the date of the prior decision or dismissal order shown in 1.e. If the individual wants to waive continued payments, the FO will have the individual complete a written waiver, which will be sent to the HO for association with the CF, and the FO will stop the payments.

___ b. Individual received continued payments before at the ALJ hearing level, and is receiving payments now. HO will send Notice #2. No FO action necessary; payments should continue uninterrupted. If the individual wants to waive continued payments, the FO will have the individual complete a written waiver, which will be sent to the HO for association with the CF, and the FO will stop the payments.

___ c. Individual did not receive continued payments before at the ALJ hearing level. HO will send Notice #3. If the individual contacts the FO to request continued payments, the FO will have the individual complete a written request, which will be sent to the HO for association with the CF, the FO will then complete a redetermination, and will reinstate payments, effective for the month of the remand order shown in 1.c.

Please telephone the HO shown in 1.f. above and send them a copy of this form as followup. For the telephone contact give the following information:

- Name of individual (1.a.)
- SSN (1.b.)
- Date of Remand Order (1.c.)
- Which category checked off in Part 2. above (a. or b. or c.)
- Name and telephone number of FO staff person making the call.

C. Exhibit 2: HO remand memorandum to FO

DEPARTMENT OF HEALTH & HUMAN SERVICES — Social Security Administration

Refer to

Memorandum

Date

From HO_____

Subject Response to Inquiry by Individual/Representative Regarding Title XVI Payment Continuation

To DO/BO_____

Re: _____ _____
Individual's Name SSN

1. a.____ Individual initiated action on _____(date)
or
b.____ Representative of individual initiated action on _____ (date)

_____
Name of Representative

2. a. ____ Do not reinstate continued payments — a final decision or dismissal order has already been issued for this remanded case on _____ (date)

or

b. __ The remand is still pending without a final action. The individual has been referred to your office to complete a written request for continued payments. Please perform SSI queries to determine whether or not the individual received continued payments before at the ALJ level.

(1) If yes, payments should be reinstated prospectively, a redetermination should be expeditiously completed, and retroactive payments beginning for the first month of nonpayment following the date of the prior decision or dismissal order, which was issued on _____ (date) should be made.

(2) If not, a redetermination should be expeditiously completed, and payments should then be reinstated effective for the month of the remand order, which was issued on _____ (date).

NOTE TO DO/BO: The HO will not send a notice to the individual regarding continued payments, since the individual/representative initiated the process.

D. Exhibit 3: HO termination of payment continuation memorandum

DEPARTMENT OF HEALTH & HUMAN SERVICES — Social Security Administration

Refer to

Memorandum

Date

From HO_____

Subject Termination of Continued Disability Payments/Benefits—ACT EDN

To DO/BO_____

Attached is the DO copy of my decision/order of dismissal on the appeal of

Title ___ II, ___ XVI, ___II/XVI (check one)

_____ _____
Name of Individual SSN

The individual in this medical cessation case had disability payments/benefits continued through the hearing level. My decision/dismissal of _____ (date) is unfavorable; disability ceased on _____(date).

Please terminate continued disability payments/benefits immediately.

_____
Administrative Law Judge

Attachments

cc:
CF(s)

E. Exhibit 4: AC termination of payment continuation memorandum

DEPARTMENT OF HEALTH & HUMAN SERVICES — Social Security Administration

Refer to

Memorandum

Date

From Appeals Council, OHA

Subject Termination of Continued Disability Payments/Benefits -- ACTION

To DO/BO _____

Attached is the DO copy of my decision on the appeal of

_____ _____
(name of individual), Social Security Number

Titles II ___ XVI ___ II/XVI ___ (check one)

The individual in this medical cessation case had disability payments/benefits continued through the hearing level.

(Check One)

___ The ALJ issued a favorable decision, which is now being reversed.

___ The ALJ issued a recommended decision and payments/benefits continue until the Appeals Council issues the final decision. That final decision is my decision of _____(date) which is unfavorable; disability ceased on_____(date).

Please terminate disability payments/benefits immediately.

_____
Member, Appeals Council

Attachment

cc:
CF(s)

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